

TRANSFORMATIVE JOURNEYS:
WOMEN HEALING FROM INTIMATE PARTNER VIOLENCE

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By

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ABSTRACT

Much of the research on intimate partner violence (IPV) understandably concentrates on the devastating physical, emotional, and psychological consequences for the women who experience this form of trauma. However, a developing area of research has focused on women's healing from IPV. The purpose of this study was to identify themes of healing in the narratives of ten women who have experienced IPV, and to explore what these themes reveal about the participants' healing journeys. A thematic analysis (Braun & Clarke, 2006) of the data identified three themes of healing in the women's narratives: *Understanding and Insight*, *Renewal and Reconstruction*, and *Transformation and Meaning*. These themes revealed that the women's healing journeys involved a multidimensional, personalized, non-linear, and often transformative process that operated within their interior selves and through their relationships. This study adds to the literature on women's healing from intimate partner violence, and discusses implications for practice and suggestions for future research.

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DEDICATION

This thesis is dedicated to the ten women whose stories are held within these pages. Sharing your courage and your strength through your stories has made this work possible.

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CHAPTER 1

INTRODUCTION

Intimate partner violence (IPV) is a complex social problem that affects a significant number of women. Worldwide, population-based surveys estimate that almost one third (30%) of women who have been in an intimate heterosexual relationship have experienced physical and/or sexual violence by their intimate partner (World Health Organization, 2013), demonstrating that this issue is globally pervasive. In Canada from 2006 to 2011, 6-7% of women reported experiencing IPV (Statistics Canada, 2011), with half of all women in Canada experiencing at least one incident of physical or sexual violence since the age of 16 (Canadian Women's Foundation, 2014). IPV arrests constitute approximately 12% of all violent crime annually in Canada, though the rate of IPV incidents is likely much higher since the majority (78%) of cases are not reported to police (Canadian Women's Foundation, 2014).

IPV causes an enormous toll on financial and human resources. An average night in Canada sees approximately 3,300 women and their 3,000 children sleeping in emergency shelters to escape violence at home (Canadian Women's Foundation, 2014). An additional 200 women are turned away because these shelters are full (Canadian Women's Foundation, 2014). Additionally, Canadians collectively spend 7.4 billion dollars annually on a variety of aspects related to IPV, such as justice system costs, victim costs (health and mental health care; productivity losses such as wages and education; personal losses such as property, moving costs, divorce and separation; intangible losses of pain, suffering and loss of life); third-party costs (funeral services, operating costs of shelters and social services); losses to employers; and negative impacts on children exposed to IPV (medical and mental health costs, missed school days, delinquent acts) (Department of Justice, Government of Canada, 2009).

The complexity of the financial costs of IPV points towards the complexity of the devastating negative physical, psychological, and cognitive effects of this form of trauma on women. The immediate impact of violence is often physical injury in the form of bruises, cuts, broken bones, burns, and brain damage, while longer term physical effects of experiencing chronically elevated stress levels include hormonal, sleep, breathing, and digestive disruptions (Sanderson, 2008). Longer term psychological effects of IPV on women include depression, anxiety, substance abuse, and suicidal ideations and attempts (Campbell et al., 2002; Macy,

Ferron, & Crosby, 2009). Additionally, women experiencing IPV often experience terror and fear from a continuous threat of injury or death, resulting in complex post-traumatic stress reactions such as hypervigilance, increased irritability, elevated startle response, flashbacks and nightmares, and withdrawal, that continue even after they are no longer being abused (Sanderson, 2008). Cognitively, women experiencing IPV experience a shift in schemas about the world (uncontrollable, meaningless) and themselves (self-blame, sense of failure) (Janoff-Bulman, 1992; Sanderson, 2008).

These considerable negative effects, along with a host of significant economic, societal, and relational barriers to leaving and staying away from their abusive relationship, make recovering from IPV a complex undertaking for many women. Yet, even given these major challenges, many women are able to engage in a healing process from these experiences (Flasch, Murray, & Crowe, 2015), with some evidence to suggest it is even possible for women to experience growth as a result of their struggle to overcome such trauma (Cobb, Tedeschi, Calhoun, & Cann, 2006; Smith, 2003; Ulloa, Hammett, Guzman, & Hokoda, 2015; Valdez & Lilly, 2015). This study focuses on this underexplored aspect of women's responses to IPV.

Significance

Much of the literature on IPV has understandably focused on the serious negative consequences for women of this form of trauma (Flasch et al., 2015). However, not extending the line of inquiry to women's healing from IPV "obscures how women transform their struggles with such adversity and . . . tells us little about the tremendous strengths and resources battered women draw on to recover from domestic violence" (Anderson, Renner, & Danis, 2012). It must be acknowledged that IPV causes significant suffering and long-term negative effects on women; it must also be recognized that women who have experienced IPV can demonstrate remarkable strength in their capacity to survive and heal from this trauma.

Women's healing from intimate partner violence is a developing area of research compared to the plethora of studies on the symptomatology and long-term negative consequences of experiencing this form of violence. While researchers tend to agree that women's healing from IPV is multidimensional, consisting of physical, mental, and spiritual elements (Allen & Wozniak, 2010; Farrell, 1996; Flasch et al., 2015), there are divergent perspectives on whether such healing follows distinct sequential phases (Allen & Wozniak,

2010; Giles & Curren, 2007; Smith, 2003; Wuest & Merritt-Gray, 2001) or is better understood as an ongoing, non-linear process (Davis & Taylor, 2006; Farrell, 1996; Flasch et al., 2015; Senter & Caldwell, 2002; Taylor, 2004).

An even more specific area of research on women's healing from IPV has focused on the possibility of growth following this form of abuse. Growth following adversity, commonly called posttraumatic growth (PTG), can be understood as the positive psychological transformation following one's struggle with significant loss, suffering, or trauma (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004). Most of the literature that examines PTG in women has focused on the aftermath of medical crises (e.g., breast cancer) and interpersonal traumas similar to IPV (e.g., physical and sexual assault and childhood sexual abuse) (Linley & Joseph, 2004). However, research on PTG following IPV has not received the same attention. It has been demonstrated that it is possible for women to experience growth following IPV (Anderson et al., 2012; Cobb et al., 2006; Valdez & Lilly, 2015; Ulloa et al., 2015), though this area of research is still in its infancy.

This study focuses on themes of healing in women's narratives in order to contribute to the broadening scope of ongoing research of IPV. Such an emphasis also seeks to contribute to a deeper understanding of the complexity of women's experiences of this form of trauma. It provides a shift from a focus on women's pathology towards an exploration of their healing journey from IPV. A greater understanding of the themes of healing in women's stories of IPV is also important for practitioners to be able to provide the most comprehensive service possible in their work with women who have experienced IPV.

Purpose

The purpose of this study is to identify themes of healing in the narratives of ten women who have experienced intimate partner violence, and to explore what these themes reveal about the women's healing journeys.

Research Questions

This study seeks to answer the following research questions: What themes of healing can be identified through an analysis of the narratives of ten women who have experienced intimate partner violence? What do these themes reveal about the participants' healing journeys?

Research Approach

This study is situated within qualitative inquiry and uses thematic analysis to analyze existing interview data from the Healing Journey project, a longitudinal study that examined experiences of intimate partner violence and the consequences it has on women's lives in Alberta, Saskatchewan, and Manitoba. This study complements the research that has emerged from this larger project (Hendrika, Hampton, & Bruyninx, 2012; Tutty, Radtke, & Nixon, 2009), whose primary aim was to improve service provision for Canadian women experiencing IPV, helping to interrupt the cycle of abuse.

Overview of the Thesis

Following this chapter, I present a literature review in Chapter 2 that provides the reader with an overview of the research on intimate partner violence, as well as an overview of the research on the intersection of healing—including posttraumatic growth—and intimate partner violence in the literature. In Chapter 3, I further orient this study within the context of the larger Healing Journey project and discuss methodology. I present the results of the data analysis in Chapter 4, followed by a discussion in Chapter 5 of these results in the context of the current literature and the implications of the findings on counselling practice and future research.

CHAPTER 2

LITERATURE REVIEW

In this chapter, I discuss the definition, prevalence, and different forms of intimate partner violence (IPV) as well as some of the complexities women face that make it challenging to extricate themselves from abusive relationships. Intimate partner violence has serious negative effects on women and is now understood to be a form of trauma. Understandably, the literature on intimate partner violence has predominantly focused on the significant negative consequences following such trauma; however, there has been some research into women's healing from intimate partner violence, which is presented here. Additionally, I discuss the relatively recent research into posttraumatic growth, a specific area of focus within the healing literature, and how this concept has been linked to intimate partner violence.

Intimate Partner Violence

Intimate partner violence refers to “behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (World Health Organization, 2010). Statistics Canada (2011) also includes emotional and financial abuse along with the other forms of abuse in its definition of IPV. Other terms have been used to refer to this pattern of violence; however, these terms either broadly include other non-intimate relationships (domestic violence) or narrowly exclude anyone other than current wives as victims (spouse abuse, wife beating) (Burgess & Crowell, 1996; Stewart, MacMillan, & Wathen, 2013). Although IPV is usually perpetrated by men against women, it can refer to violence between any current and former partners of any gender, in any type of intimate relationship (dating, marriage, cohabitation, lesbian, gay) (World Health Organization, 2010).

Prevalence

IPV is a widespread issue across cultures, religions, countries, and socioeconomic status (Stewart et al., 2013). The World Health Organization's (2005) *Multi-country Study on Women's Health and Domestic Violence Against Women* provided a comprehensive look at the patterns of intimate partner violence and sexual violence in low and middle-income settings. The findings

from this study were derived from interviews of 24,000 women between the ages of 15 and 49 in rural and urban areas in 10 countries. The prevalence of physical and/or sexual violence in the context of intimate relationships ranged from 15% in Japan to 71% in Ethiopia and Peru, with most sites reporting rates of violence between 29% and 62%. The findings also showed that a large proportion of the violence was severe and occurred frequently, and that across all settings women were more at risk of violence from an intimate partner than from any other type of perpetrator. These results confirm that IPV is a common experience worldwide.

In Canada, the population-based General Social Survey (GSS) implemented by Statistics Canada collects data on IPV. The most recent data indicated that 6-7% of Canadian women reported IPV within the five years prior to the survey (Statistics Canada, 2011). A recent report on Canadian women and the justice system showed that in 2009 the majority of people who reported IPV were women, who were also more likely than men to report a physical injury or fearing for their lives as a result of IPV (Hotton Mahony, 2011). This report also showed that in 2007, women were four times more likely than men to be victims of IPV homicide. Provincially, Saskatchewan and Manitoba have consistently recorded the highest provincial rates of police-reported violent crime. In 2011, these rates were double the national rate (Statistics Canada, 2011).

According to the GSS from 2009, approximately 15% of Aboriginal women reported IPV compared to 6% of non-Aboriginal women (Hotton Mahony, 2011). This figure is supported by the literature, as the majority of studies that compared Aboriginal women's risk of IPV to that of non-Aboriginal women's found that Aboriginal women had three to four times the risk of experiencing IPV (Brownridge, 2008). The data also suggest that Aboriginal women experience more severe forms of violence than non-Aboriginal women (Brownridge, 2003). Intimate partner violence in Aboriginal communities shares many features with intimate partner violence in non-Aboriginal communities (Bopp, Bopp, & Lane, 2003). However, the Royal Commission on Aboriginal Peoples (as cited in Bopp et al., 2003) determined that this form of family violence "is distinct in that it has invaded whole communities and cannot be considered a problem of a particular couple or an individual household" (p. 8). Indeed, it is now recognized that Aboriginal family violence can often be traced to the damaging effects of colonization on Aboriginal communities and families, including the forced removal of children from their families and

communities and the abuse many suffered in residential schools (Bopp et al., 2003; Brownridge, 2003, 2008; Scrim, 2010; Truth and Reconciliation Commission of Canada, 2015).

Characteristics

IPV is recognized as a gendered issue that involves threats, multiple kinds of violence, a variety of control tactics, and usually escalates over time (Johnson, 1995; Johnson, 2006). A United States national survey of 8,000 men and 8,000 women showed that female partners reported significantly more chronic and severe victimization in the forms of intimate perpetrated rape, physical assault and stalking; sexual assault, fear of bodily injury, actual injuries, and lost time from work; and use of medical, mental health, and justice system services (Tjaden & Thoennes, 2000). Similarly, in Canada women more than men report more severe and frequent experiences of IPV that result in high levels of fear and injury (Ansara & Hindin, 2010).

Violence in intimate relationships should be understood as a manifestation of power, control, and domination carried out through a range of behaviours that often increase in severity (Stewart et al., 2013). Several different forms of intimate partner violence usually co-occur in an intimate relationship (Tjaden & Thoennes, 2000), and a victim may experience IPV at different points in time with different perpetrators (Krebs, Breiding, Browne, & Warner, 2011). Acts of abuse can either be controlled or impulsive, can include acts of commission (assault) and acts of omission (neglect), and can be either overt or covert (Sanderson, 2008).

Intimate partner violence can take many forms including physical, sexual, emotional, psychological, spiritual, and economic abuse, and stalking. Physical abuse includes acts of aggression such as slapping, kicking, hitting, biting, beating, and use or threatened use of a weapon (Stewart et al., 2013). This type of IPV can also take the form of aggressions that do not leave evidence of injury, such as asphyxiation, incarceration, or failing to provide basic needs such as food, sleep, shelter, or clothing (Sanderson, 2008). Sexual abuse includes a variety of behaviors that are used to control another person, such as sexual assault, rape, controlling reproduction, and any form of sexual manipulation carried out to degrade another person (Abraham, 1999). Emotional abuse establishes coercive control over the victim by destroying self-esteem and self-worth. This form of abuse is marked by unpredictable behaviour and an oscillation between criticism, disapproval, and rejection, and warmth and affection following episodes of abuse (Sanderson, 2008). Psychological abuse involves acts such as intimidation, repeated belittling or humiliation and threats (Stewart et al., 2013). It can also take the form of

depriving victims of IPV of valued objects, including children, and isolating them from social supports as a means of exerting control over them (Sanderson, 2008; O’Leary, 1999). These deliberate acts of cruelty are “designed to degrade and terrorize the survivors by manipulating deep-seated fears” (Sanderson, 2008, p. 23). Spiritual abuse can also be a form of IPV. It refers to preventing a person from observing holy days and engaging in rituals and worship, especially outside the home, which reinforces social isolation (Sanderson, 2008). Economic abuse takes the form of the abuser maintaining control over all financial decisions. A woman experiencing economic abuse would usually be denied access to cash or credit, may be expected to turn over her entire wage to her partner, and could be coerced into engaging in illegal financial activities (Sanderson, 2008). Sometimes her abuser may not allow her to obtain employment, which would lead to increased dependency and social isolation (Sanderson, 2008). Finally, stalking, which refers to intrusive, unwanted, repetitive contact (Rosenfeld, 2004), has recently been recognized as a component of IPV (Renzetti, Edleson, & Bergen, 2011). Contrary to the popular idea of stalking as usually perpetrated by anonymous fans towards celebrities, researchers showed that the majority of stalking incidents experienced by women are by a current or former partner (Tjaden & Thoennes, 2000). When a relationship ends, stalking is more likely to occur than other types of IPV (Renzetti et al., 2011).

Cycle of abuse. Though abuse in relationships is usually repetitive, it does not occur continuously; rather, it is cyclical in nature (Renzetti et al., 2011; Sanderson, 2008). Walker (1979) introduced the concept of the *cycle of violence* to describe the characteristics of the three phases of an abusive intimate relationship, the duration of each phase varying among abusers and within relationships. The first stage, *tension building*, refers to a gradual escalation of internal pressure for the abusive partner and tension between partners, usually expressed around minor incidents. During this phase, as a woman senses her partner becoming increasingly frustrated or prone to reactions, she may become more compliant or try to stay out of his way. This continues until the abusive partner unleashes his unbearable tension by inflicting abuse on his partner, as they enter the *crisis phase* of the cycle. The abusive incident in this phase can take any form, and it is during this phase that the woman is most at risk. Following the acute abusive incident the couple enters the *honeymoon phase*, characterized by the abusive partner begging for forgiveness and showering the woman with extreme attentiveness, loving acts, and promises of change. This third stage is crucial in cementing the woman’s traumatic attachment to her abusive partner, as it

provides her with an intermittent reward of loving behaviour (Dutton & Painter, 1993). Following the woman's forgiveness of her partner, the cycle of violence begins anew.

Barriers to Leaving

Women experiencing IPV confront a variety of complex practical, psychological, and social barriers to leaving their abusive relationship. It is important for service providers, researchers, and policy makers to recognize women's experiences and the barriers that make it challenging to leave an abusive relationship in order to provide the best possible care and services. Additionally, without a comprehensive understanding of why the complexity of these women's situations makes it so difficult for them to leave, one runs the risk of shifting blame onto the woman for her own victimization (Renzetti et al., 2011).

From a practical standpoint, many women face significant economic and resource-based barriers (e.g., housing, clothing) to leaving their abusive relationship (Renzetti et al., 2011; Sanderson, 2008), especially if their partners have controlled the finances or they have been prevented from working outside the home. If they must also consider providing for children's basic needs, these barriers may seem even more daunting. Victims of IPV may also fear receiving negative responses from professionals or agencies, or fear having their children apprehended if they disclose their situation (Sanderson, 2008).

The coercive control and terror women experience because of IPV takes a significant toll on their emotional and psychological functioning, as well as their sense of self (Sanderson, 2008). According to Sanderson (2008), "abusers commonly dictate how the survivor should be, feel, think, and behave, and seek the total surrender of the self" (p. 161). Consequently, this type of prolonged trauma chips away at a woman's identity and self-concept, self-esteem, self-efficacy, and self-agency, often leaving her feeling incapable of considering her options or taking action (Sanderson, 2008). A woman experiencing IPV may fear for her life while in the relationship, which renders her silent and isolated as she tries to survive in such a psychologically harmful situation (Sanderson, 2008). She may also fear the consequences of disclosing the abuse or defying her abuser, for good reason: women have a higher risk of being murdered after they leave an abusive relationship (Brownridge, 2006). Her partner may also threaten to kill himself, or kill or kidnap the children if she leaves the relationship (Renzetti et al., 2011).

A woman experiencing IPV may have less access to social support because of the isolation her partner has imposed on her, which makes leaving the relationship more difficult (Sanderson, 2008). Other social barriers to leaving may be the stigmatization of IPV or cultural or religious pressure to stay in the relationship (Petersen et al., 2005). Overstreet and Quinn (2013) introduced a conceptual framework that outlines the role of IPV stigma in victims' reluctance to disclose abuse. According to their model, *stigma internalization*, *anticipated stigma*, and *cultural stigma* contribute to help-seeking barriers for women experiencing IPV. Stigma internalization refers to internalizing negative constructions of IPV as shameful or of victims as weak or helpless, believing these constructions to be true of the self. Anticipated stigma addresses how victims' concerns about the social consequences of disclosing abuse (e.g., rejection and judgment by family, friends, and formal and informal social support networks) prevent them from seeking help. Cultural stigma refers to the societal ideologies that delegitimize a woman's experience of IPV and that hinder her from seeking help, such as victim-blaming, accepting violence against women as normal, or considering IPV a "private matter."

Finally, a woman's attachment and commitment to her partner may make it difficult for her to leave the abusive relationship (Hien & Ruglass, 2009; Sanderson, 2008). Zoellner et al. (2000) found that women who expressed love for their partners were less likely to obtain a restraining order against them. Some women would like the violence to end but not the relationship, their own feelings or their children's emotional connection to the partner complicating their situation and factoring into their reluctance to leave (Renzetti et al., 2011). The theory of traumatic bonding (Dutton & Painter, 1993) suggests that a woman's strong attachment to her abusive partner results from both the power imbalance and the sporadic "good" treatment she receives. This theory also postulates that a woman is vulnerable to returning to her abusive relationship once she has left and her immediate fear subsides, leaving room for her attachment to her partner to reemerge. In other words, "fear may propel a woman to leave an abusive partner, but attachment may be related to her return" (Zoellner et al., 2000, p. 1083).

Effects on Physical and Mental Health

IPV has been associated with a wide range of negative physical and mental health ramifications (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012). Women who experience IPV have a 50% to 70% increase in gynecological, central nervous system, and stress-related problems (Campbell et al., 2002). Some physical health-related issues that have been associated

with IPV include injuries (Campbell, et al., 2002; Mechanic, Weaver, & Resick, 2008), chronic pain (Campbell, et al., 2002; Dillon, Hussain, Loxton, & Rahman, 2013), gynecological and gastrointestinal symptoms (Campbell et al., 2002; Dillon et al., 2013), and memory loss and problems with concentration (World Health Organization, 2005). Adverse health effects in women who have experienced IPV often persist even after exposure to violence ceases (Bonomi, Anderson, Rivara, & Thompson, 2007).

IPV has been associated with several mental health outcomes such as anxiety, sleep disturbances, substance abuse, self-harm, and suicidal ideation (Dillon et al., 2013). Research has consistently demonstrated a strong association between exposure to IPV and depression, with studies showing that the chronicity and severity of violence is associated with increased depression (Ansara & Hindin, 2010; Bonomi et al., 2006; Dillon et al., 2013). Psychological abuse has a particularly significant association with this mental health outcome (Mechanic et al., 2008). Research has commonly identified depression and posttraumatic stress disorder as having the strongest association with IPV (Mechanic et al., 2008). The latter will be further discussed in the next section.

Trauma and Intimate Partner Violence

Human beings have a complex, integrated system of physical and psychological reactions that function as a natural response to danger (Herman, 1997). We experience adaptive changes in arousal, attention, perception, and emotion when we are threatened, which help to mobilize us into a fight or flight action (Herman, 1997). Traumatic reactions occur when these adaptive responses become futile, when we can neither fight back nor escape, and our systems become disorganized and overwhelmed (Herman, 1997). Herman (1997) explained that, at this point, “each component of the ordinary response to danger . . . tends to persist in an altered and exaggerated state long after the danger is over. Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory” (p. 34). Though there is a range of severity of possible individual reactions following trauma (e.g., debilitation; prolonged struggle followed by recovery; temporary disruptions in functioning; no apparent interference in daily life) (Bonanno & Mancini, 2012), researchers have established that exposure to trauma increases the likelihood of a variety of disturbances, such as depression, anxiety, dissociation, eating disorders, somatoform disorders, substance abuse, and specific trauma-related disorders such as posttraumatic stress disorder (PTSD) (Hetzel-Riggin, 2012).

It has also been suggested that the concept of trauma should expand beyond the individualized focus of PTSD to consider the social impacts of reactions to past and current traumas experienced by communities (Evans-Campbell, 2008). Some of the terms used to describe this form of trauma include collective trauma, intergenerational trauma, and historical trauma, which can be conceptualized as “a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation” (Evans-Campbell, 2008, p. 320). Some trauma researchers have focused on the multigenerational nature of distress in certain communities such as Holocaust survivors (Felsen, 1998) and indigenous peoples affected by colonization and systemic racism (Brave Heart, 1998; Evans-Campbell, 2008).

Posttraumatic stress disorder and intimate partner violence. As a better understanding of the negative psychological effects of interpersonal violence emerged from researchers’ interest in PTSD, feminist theorists progressed in their work to increase awareness of men’s unequal use of violence towards women and its severe impact on women and children’s mental health (Walker, 2006). Clinicians began to recognize and research the common patterns of psychological effects in women following sexual assault and domestic violence (Ozer, Best, Lipsey, & Weirs, 2003). Research on the psychological effects of intimate partner violence on women followed.

Following her large scale empirical study of violence against women funded by the U.S. National Institute of Mental Health, Walker (1984) coined the term *battered woman syndrome* (BWS) to refer to the observable pattern of effects and characteristics in a woman who has experienced repeated abuse by her intimate partner. Many of the symptoms of BWS overlap with PTSD, such as sleep disruption, nightmares, flashbacks, increased startle response, and numbed affect (Walker, 1991; Woods & Campbell, 1993). Walker (1991, 2006), working with feminist, trauma, and biopsychosocial models, posited that BWS should be considered a subcategory of PTSD. Although this has not happened, there is a general agreement among researchers that the psychological symptoms exhibited by women who have been exposed to intimate partner violence are the sequelae of ongoing trauma (Bennice, Resick, Mechanic, & Astin, 2003).

In order to be diagnosed with PTSD, one must experience symptom-related distress or functional disturbance following direct or indirect exposure to actual or threatened death, serious injury, or sexual violence. The diagnostic criteria for PTSD in the current DSM-V revolves

around 4 diagnostic clusters related to behavioural symptoms: a) intrusion (e.g., memories, nightmares, flashbacks); b) avoidance of trauma-related thoughts, feelings, or reminders; c) negative changes in cognition or mood (e.g., memory loss, negatively distorted beliefs, emotions such as fear, anger, shame, horror, loss of interest in activities); d) changes in arousal and reactivity (e.g., aggressive behaviour, recklessness, hypervigilance, exaggerated startle response, sleep disturbance, problems with concentration). Symptoms must persist for more than one month and must not be caused by medication, substance use, or illness (American Psychiatric Association, 2013).

Research has shown that a history of IPV is positively associated with an increase in PTSD symptoms (Dillon et al., 2013). In fact, PTSD is the most prevalent disorder associated with IPV (Humphreys & Thiara, 2003). Using data from the U.S. National Violence Against Women Survey, researchers (Basile, Arias, Desai, & Thompson, 2004) found that physical, sexual, psychological, and stalking violence were all associated with PTSD symptoms, with an increase in symptoms related to multiple types of violence. Sexual violence, in particular, increases the likelihood and severity of symptoms of PTSD (Bennice et al., 2003). Comparable to the relationship between IPV and depression, women who experience more severe and chronic forms of abuse generally display more PTSD symptoms (Dillon et al., 2013; Woods, Hall, Campbell, & Angott, 2008).

Healing and Intimate Partner Violence

Conceptualization of Healing

In order to properly discuss women's healing from intimate partner violence, the concept of healing must first be understood. To begin with the dictionary definition, healing is defined as: 1) restoration to health; recovery from sickness, and 2) mending, reparation; restoration of wholeness, well being, safety, or prosperity; spiritual restoration (Oxford English Dictionary, n.d.). This definition indicates that the term *healing* can be applied to all aspects of health such as emotional, mental, and spiritual well being, along with physical health.

In her conceptual analysis of healing, Wendler (1996) determined that the concept of "restoring wholeness" was included in other definitions of healing found in the nursing and psychology literatures. Her analysis also indicated that healing is often understood to be an active, complex, ongoing process. Additionally, one's relationship with self and others emerged

as a component of healing (Wendler, 1996). From her conceptual analysis, Wendler determined that the process of healing occurs through “a caring relationship in a process of expanding consciousness and results in a sense of wholeness, integration, balance and transformation” (p. 841). Underpinning this definition is the concept of transformation (Wendler, 1996), which points towards growth following adversity.

Growth Following Adversity

Transformation is understood as an element of healing (Wendler, 1996). The notion that an individual can experience positive transformation following significant adversity is not a new concept. Indeed, positive personal change occurring in the wake of suffering has been recognized for centuries in various religious, philosophical, and literary contexts (Calhoun & Tedeschi, 2006; Linley & Joseph, 2004; Saakvitne, Tennen & Affleck, 1998). In the 20th century, existential scholars such as Frankl (1963) and Yalom (1980) discussed the idea of personal growth ensuing from great loss, and psychological researchers in the 1990s pursued a more systematic understanding of this issue (Calhoun & Tedeschi, 2006; Joseph & Linley, 2006). The advent of positive psychology through Seligman and Csikszentmihalyi’s (2000) work continued to propel this field forward (Joseph, Murphy, & Regel, 2012).

Since then, empirical research on growth following adversity has focused on a wide variety of major life challenges, including medical problems (e.g., cancer, HIV/AIDS, brain and spinal cord injury), transportation accidents (e.g., plane crashes, car accidents), life experiences (e.g., relationship dissolution, bereavement, immigration), and interpersonal trauma (e.g., combat, child abuse, physical and sexual assault) (Joseph et al., 2012). Empirical data has shown that this is a common phenomenon, as the majority of people who have faced adversity report experiencing growth in the aftermath (Cho & Park, 2013; Joseph et al., 2012). Many terms have been used to describe the concept of growth in the aftermath of suffering, however researchers and clinicians have generally adopted *posttraumatic growth* (Tedeschi & Calhoun, 1996) as the most widely used term in this field (Joseph et al., 2012).

Theoretical perspectives of posttraumatic growth. Posttraumatic growth (PTG) is a wide-ranging topic that continues to develop; however, researchers have accepted three broad domains of positive change related to PTG (Calhoun & Tedeschi, 2006; Joseph et al., 2012; Tedeschi & Calhoun, 1996, 2004). The first domain is the perception of self: people describe a change in their self-perception, accepting that they are more vulnerable than they realized while

simultaneously discovering newfound strength, resilience, and wisdom. The second domain is relationships with others: people describe improved relationships, especially in the form of increased compassion for others and valuing existing bonds. The third domain is general life philosophy: people describe reevaluating their priorities and experiencing increased appreciation for life.

Though the three domains of growth have been widely accepted by researchers, there has been less agreement on how growth actually takes place following adversity. In the last two decades, several theories have emerged in the psychological literature on this phenomenon (Calhoun & Tedeschi, 1998; Janoff-Bulman, 2004; Joseph & Linley, 2005; Joseph et al., 2012; Saakvitne et al., 1998; Tedeschi & Calhoun, 2004), at the core of which lies the concept of rebuilding “assumptive beliefs” (Janoff-Bulman, 1992), and the notion that people are innately motivated toward growth (Joseph & Linley, 2006). It is a major challenge for a trauma survivor to “process and integrate the incomprehensible nature of an interpersonal victimization into his or her assumptive schemata” (Valdez & Lilly, 2015, p. 11). At the heart of this perspective of PTG, then, is schema reconstruction. Janoff-Bulman (2006) suggested that the process of schema reconstruction allows trauma survivors to begin to accommodate their traumatic experience and to develop a perspective of the world that acknowledges that life can be meaningless, random, and uncontrollable, while not wholly malevolent. She posited that it is the very recognition of the meaninglessness of existence that engenders PTG. If the world is not controllable or predictable, then life cannot be taken for granted and appreciation for living increases. Survivors then embrace life and create their own meaning and purpose in life through goals, relationships, and self-determination, arriving at a more balanced perspective of the world as not solely threatening (Janoff-Bulman, 2006).

Tedeschi and Calhoun’s model of posttraumatic growth. In addition to coining the term *posttraumatic growth*, Tedeschi and Calhoun (1996, 2004; Calhoun & Tedeschi, 1998, 2001, 2006) have contributed the most comprehensive theoretical model of growth to this field of study (Joseph & Linley, 2005). PTG refers to the positive psychological transformation that follows one’s struggle with significant loss, suffering, or trauma (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004). The researchers further described it as “a significant beneficial change in cognitive and emotional life beyond previous levels of adaptation, psychological functioning, or life awareness” (Tedeschi & Calhoun, 2003, p. 12). Their functional-descriptive theory posits

that it is not the traumatic event that causes growth in an individual, but “the struggle with the new reality” following the trauma (Tedeschi & Calhoun, 2004, p. 5). According to this model, there are five domains of posttraumatic growth: greater appreciation of life and changed sense of priorities; warmer, more intimate relationships with others; a greater sense of personal strength; recognition of new possibilities for one’s life; and spiritual development (Tedeschi & Calhoun, 2004).

This model’s theoretical assumptions are that people build and depend on a core set of beliefs and assumptions about their world that direct their behaviour, understanding, and meaning-making (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004). These were directly influenced by Janoff-Bulman’s (1992) work situated within posttraumatic stress scholarship. When an individual’s fundamental assumptions about the world (as benevolent and meaningful), themselves (as safe and worthy), and the relationship between the two are challenged, psychological distress ensues as his or her security, identity, purpose, and future are called into question (Janoff-Bulman, 1992). Borrowing Parkes’ (1971) term, Tedeschi and Calhoun (2004) referred to these challenges as “threats to the *assumptive world*” (p. 5).

Once an individual’s assumptive world has been challenged following trauma, *cognitive processing* must occur in the form of ruminative activity for growth to be present (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004). Though the term *rumination* has negative connotations stemming from its use in the literature on depression and PTSD, this model makes the distinction between intrusive and deliberate ruminative thoughts (Cann et al., 2011). Intrusive rumination occurs immediately after the traumatic event, and while these types of thoughts are associated with increased distress, they are, in fact, a normal and expected response to trauma (Calhoun, Cann, & Tedeschi, 2010). This model suggests that distress following adversity propels one towards increased deliberate rumination as a way of making meaning and reconstructing one’s schema of the world and oneself (Calhoun et al., 2010; Cann et al., 2011). It is this reflective type of rumination that is more closely related to PTG in an individual (Affleck & Tennen, 1996; Calhoun, Cann, Tedeschi, & McMillan, 2000; Cann, Calhoun, Tedeschi, & Solomon, 2010).

Accompanying this model is the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996), a 21-item standardized scale that measures the five domains of growth. It is the most widely used self-report measure that assesses posttraumatic growth (Joseph et al., 2012).

Healing from Intimate Partner Violence

Although much of the literature on intimate partner violence has, understandably, focused on the negative physical and psychological consequences of this form of trauma (Allen & Wozniak, 2010; Flasch et al., 2015), there is a small, predominantly qualitative, body of research on women's healing from intimate partner violence. This body of literature demonstrates that women's healing from IPV can be understood as a multidimensional process that consists of physical, mental, and spiritual components (Allen & Wozniak, 2010; Farrell, 1996). Some researchers (Allen & Wozniak, 2010; Giles & Curren, 2007; Smith, 2003; Wuest & Merritt-Gray, 2001) identified specific phases that comprise women's healing; others (Davis & Taylor, 2006; Farrell, 1996; Flasch et al., 2015; Senter & Caldwell, 2002; Taylor, 2004) viewed women's healing as an ongoing process rather than a series of phases, and focused on the themes across survivors' experiences.

In her existential-phenomenological study, Smith (2003) interviewed 15 women about their experience of recovering from IPV in order to better understand their healing process. Smith (2003) identified three stages in the journey to recovery from IPV: a) the abusive past, b) the struggles of freeing herself physically and emotionally from the abuse/past, and c) the healing/growth that occurs as a woman releases herself from the bitterness and anger of the past. The findings from this study demonstrated that most of the participants experienced an increase in self-compassion, self-reliance, assertiveness, sense of self, forgiveness of self and others, and purpose in life in the aftermath of their trauma.

A recent qualitative study (Flasch et al., 2015) on the recovery processes of survivors of IPV is notable for its expansion of the research in this area through its comparatively large (N=123) and diverse (31 states and 8 countries) sample. In their phenomenological study of the recovery processes of survivors of IPV, Flasch et al. (2015) found several intrapersonal and interpersonal processes and themes that guided the women's healing. At the core of the intrapersonal processes was the participants' account of "recreating a new identity" (p. 21), which involved their empowerment and moving toward a trusting and abuse-free life. Additional intrapersonal processes included a) embracing the freedom and power to direct one's own life, b) healing from the mental and physical symptoms of the abuse, c) fostering acceptance and forgiveness with the self and abuser, d) education and examination of abusive relationships, e) determining whether and how to enter new intimate relationships, and f) acknowledging the

long-term process of overcoming abuse. The interpersonal processes involved in the women's healing included a) building positive social support and relationships, and b) using one's experiences with abuse to help others. The authors found that many of the participants found inner peace and meaning through their healing process. Multiple studies, both those that have suggested phases of healing and those that are process- or theme-oriented, have identified common elements in women's healing, including reclaiming the self and identity (Allen & Wozniak, 2010; Davis & Taylor, 2006; Flasch et al., 2015; Senter & Caldwell, 2002; Smith, 2003; Taylor, 2004; Wuest & Merritt-Gray, 2001); increased self-awareness (Farrell, 1996; Senter & Caldwell, 2002; Wuest & Merritt-Gray, 2001); acknowledging the abuse (Farrell, 1996; Senter & Caldwell, 2002; Taylor, 2004); supportive relationships (Farrell, 1996; Flasch et al., 2015; Senter & Caldwell, 2002; Smith, 2003); forgiveness (Flasch et al., 2015, Smith, 2003; Taylor, 2004); and helping others (Flasch et al., 2015, Senter & Caldwell, 2002; Smith, 2003; Taylor, 2004).

Posttraumatic growth following intimate partner violence. Some studies on women's healing and recovery from intimate partner violence have suggested that there is an element of transformation in the women's healing processes (Senter & Caldwell, 2002; Smith, 2003). Posttraumatic growth (PTG), a specific form of transformation that is a result of one's struggle to overcome trauma (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004), has been linked to interpersonal traumas similar to intimate partner violence (Joseph et al., 2012), as well intimate partner violence itself (Cobb et al., 2006; Valdez & Lilly, 2015). In their empirical review of women's psychological growth related to intimate partner violence, Ulloa, Hammet, Guzman, and Hodoka (2015) included literature on posttraumatic growth, resilience, and positive adjustment related to IPV. Their results showed that psychological growth is consistently found in women who have experienced intimate partner violence. They also determined that the three broad domains of change (Tedeschi & Calhoun, 1996) (i.e., perception of self, relationships with others, general life philosophy) applied to growth in the aftermath of intimate partner violence.

In one of two studies to quantitatively examine PTG in survivors of IPV, Cobb et al. (2006) used the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) to investigate the presence of PTG in 60 women using shelter services following IPV. This study also examined the relationships between PTG and relationship status, type of abuse, the availability of models of PTG, and depression. Women were eligible to participate if they were either currently

involved in an abusive intimate relationship or if they had been previously. At the time of the study, 40 women reported no longer being in an abusive intimate relationship and 20 women reported they were presently in an abusive intimate relationship. The researchers found that the majority (67%) of their sample of 60 participants reported PTG, greater than that of victims of violent crime (Peltzer, 2000) and survivors of breast cancer (Weiss, 2002) sampled in previous studies. The results also indicated that women who were no longer in an abusive relationship showed more growth than those who were still in an abusive relationship, though the women who were still in an abusive relationship reported some growth as well.

The results of Cobb et al.'s (2006) study supported Tedeschi and Calhoun's (1995) expectation that most growth occurs after the resolution of the trauma. However, researchers have suggested using caution when interpreting results related to the timing of PTG in relation to IPV (Cobb et al., 2006, Ulloa et al., 2015). Unlike other forms of trauma that are a single occurrence (e.g., natural disasters, accidents, single violent incident by a stranger), intimate partner violence is usually ongoing and involves repeated traumas and attempts to leave the traumatic situation (Landenburger, 1998; Ulloa et al., 2015). When a woman indicates that she is still in a relationship, she may have actually experienced growth during one of her periods away from her abusive partner (Cobb et al., 2006). Additionally, women may continue to experience IPV after they leave the relationship (Renzetti et al., 2011), therefore when a woman indicates that she is out of the relationship she may experience some form of PTG while continuing to experience actual or threatened IPV (Cobb et al., 2006).

The quantitative evidence on the relationship between psychological distress and PTG is mixed (Tedeschi & Calhoun, 2004). While some studies have found that higher levels of growth tend to be associated with lower levels of distress (Frazier, Conlon & Glaser, 2001; Park, Cohen, & Murch, 1996), others have found no consistent relationship between PTG and distress (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Grubaugh & Resick, 2007; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003), while still others have demonstrated a significant association between intrusive thoughts, one of the symptoms of PTSD, and PTG (Calhoun et al., 2000). Cobb et al. (2006) found no association between depressive symptoms and PTG, contributing to the lack of consensus on the relationship between distress and PTG.

Most recently, Valdez and Lilly (2015) extended previous research on PTG in women who have experienced IPV by focusing on the relationship between PTG and changing world

assumptions in a longitudinal study. Researchers relied on Janoff-Bulman's (1992, 2006) theory of world assumptions and model of PTG to guide their examination of the schema reconstruction process in women who had experienced PTG following IPV. The sample was composed of 23 women who reported experiencing at least one physically violent incident with a partner in the six months preceding the beginning of the study. Participants completed self-report questionnaires at two points, approximately one year apart. Ten of 23 women reported experiencing revictimization between Time 1 and Time 2. Results from this study indicated that women who were not revictimized in the year following the initial assessment reported more positive world assumptions at Time 2. The majority of the participants (87%) reported PTG regardless of their revictimization status. Results suggested that the women who were able to positively reconstruct their schema of the world within the year, meaning perceiving the world as generally (though not always) controllable, predictable, and mostly good, perceived greater growth. This study provided some illumination of the mechanisms involved in PTG for women who have experienced IPV, though its small sample size limited the generalizability of its findings. Retaining survivors of IPV in longitudinal studies can be challenging since many abused women often experience safety concerns, housing and employment instability, and other major life transitions that may make it difficult for researchers to locate them after their initial participation (Valdez & Lilly, 2015).

As these studies have indicated, there is some evidence that IPV survivors can experience PTG. There is a need for additional study in this area, however, as research related to PTG following IPV lags behind research of PTG following other traumas (Cobb et al., 2006; Valdez & Lilly, 2015).

Summary

Intimate partner violence is recognized as a prevalent and complex social issue that causes serious negative effects on women. A form of trauma, IPV is strongly associated with PTSD and depression. The significant adverse effects related to IPV have been well researched; however, there is an emerging body of research on women's healing from intimate partner violence, including some studies that demonstrate the possibility of growth in the aftermath of this form of violence. The current study addresses the need for additional research in the areas of women's healing following IPV.

CHAPTER 3

METHODOLOGY

In the following chapter, I place this study within the context of the larger Healing Journey project and I outline the rationale for a qualitative approach. I also explain secondary analysis of qualitative data and thematic analysis as the study's methodology, and offer a reflexive account of my personal experiences and assumptions as they relate to the research topic. Following this, I provide information on the selection of participants and the collection of data in the Healing Journey project, and an outline of how I analyzed the data using thematic analysis. Finally, this section includes criteria for trustworthiness in the study and key ethical considerations.

Healing Journey Project

This study is a secondary analysis of existing interview data that was generated as part of a larger project that examined women's experiences of intimate partner violence entitled "Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence." The Healing Journey project was a tri-provincial study that examined experiences of IPV and the consequences it has on women's lives in Alberta, Saskatchewan, and Manitoba from 2005 to 2010. The Social Sciences and Humanities Research Council of Canada funded the project through its Community-University Research Alliance grant program. The first Canadian study of its kind, the Healing Journey project involved a partnership between community agencies and researchers who collected quantitative and qualitative data from 670 women divided equally across the Prairie Provinces. One of the aims of this project was to provide a tri-provincial comparison of the experiences of women over a long period of time to help further an understanding of the experience of abuse and work towards prevention and intervention strategies geared towards addressing this issue. The project was interested in women's health, well being, support, self-perceptions, parenting issues, service utilization, and factors involving women's survival and healing from IPV.

Research Design

Qualitative Inquiry

The current study is a qualitative inquiry into themes of healing found in the narratives of ten women who have experienced intimate partner violence. Qualitative inquiry is concerned with describing and interpreting people's context-specific experiences (Denzin & Lincoln, 2000). Some of the underlying assumptions of this approach are that research should offer an understanding of people's real lived experiences (Ponterotto, 2005; Van den Hoonaard, 2012) and that rich descriptions of the social world are valuable to this process (Denzin & Lincoln, 2000). Researchers also use qualitative inquiry when they want to understand the meanings people make of their experiences (Morrow, 2007; Van den Hoonaard, 2012). In other words, qualitative researchers question the "how" or "what" of a phenomenon, not the "why" (Van den Hoonaard, 2012). As a qualitative researcher, in this study I explore themes of healing that are evident in the narratives of ten women who have experienced intimate partner violence, and what these themes reveal about the women's healing journeys.

A qualitative approach can be effective at offering new knowledge of a phenomenon that is not well known or understood (Creswell, 2014). Though there is a significant amount of literature on the negative consequence of intimate partner violence, research on women's healing from IPV, including possible growth in the aftermath of this form of trauma, is still emerging (Cobb et al., 2006; Flasch et al., 2015). Therefore, a qualitative inquiry of this aspect of women's experiences will contribute additional knowledge to the topic of intimate partner violence. Qualitative research can also be used to improve individuals' lives by advocating for change and formulating interventions (Creswell, 2005). Expanding an understanding of women's experiences of healing following IPV will positively impact service delivery and future research in this area of women's health.

Paradigmatic assumptions. Underpinning all research are the paradigmatic assumptions of the researcher (Guba & Lincoln, 1994). A paradigm is "the basic belief system or worldview" that guides the choices and actions of the researcher (Guba & Lincoln, 1994, p. 105). The paradigm from which a researcher works can be thought of as "a 'net' containing the researcher's ontological, epistemological, axiological, and methodological assumptions" (Morrow, 2007, p. 212). Ontology refers to a researcher's views of the nature of reality while epistemology is concerned with the nature of the relationship between the investigator and

participants (Guba & Lincoln, 1994; Morrow, 2007). Axiology refers to the role of the investigator's values in research (Morrow, 2007). A researcher's choice of methodology, that is, how he or she goes about gaining knowledge, emerges from his or her ontological, epistemological, and axiological assumptions (Guba & Lincoln, 1994; Morrow, 2007; Lincoln & Guba, 2000). Qualitative researchers should make explicit the paradigmatic assumptions underlying their work (Creswell, 2007). My ontological, epistemological, and axiological assumptions fall within an interpretivist-constructivist paradigm.

I hold a relativist ontological position, meaning that I assume there is no single reality, but multiple experientially and socially constructed realities that may be altered as these constructions become more informed or refined (Guba & Lincoln, 1994). In short, I believe "there are as many realities as there are participants (plus one: the investigator)" (Morrow, 2007, p. 213). In exploring women's healing following IPV, I operated under the assumption that the participants each have an understanding of their own reality of their experiences, and that my own experiences and understanding of reality influenced my interpretation of their accounts.

My epistemological assumptions are transactional and subjective: the interaction between the researcher and the participant is central to discovering and co-creating knowledge and its related meaning (Guba & Lincoln, 1994; Morrow, 2007; Ponterotto, 2005). In the case of this study, I could not directly interact with the women who shared their stories because I worked with previously collected interview data. Therefore, my interaction with them was necessarily through my dynamic engagement with their interview transcripts, a process that has, indeed, been considered dialogic (Tesch, 1987). Our co-construction of knowledge and meaning, then, took place through the participants' communication of their experiences in the interviews and my active engagement with this data, while ensuring that the women's voices remained indelible to the analytic process.

I believe that an investigator's values inform all levels of research. In qualitative research especially, subjectivity is embedded in the type of data that is gathered and the processes used to analyze the data (Morrow, 2005). The researcher's values are, in fact, integral to interpreting data and inevitably shape outcomes (Guba & Lincoln, 1994), as the researcher explicitly positions him or herself as a co-constructor of meaning (Morrow, 2005).

Most qualitative research calls for the researcher to make an attempt to "bracket" preconceptions, biases, beliefs, values, and expectations about the subject matter in an effort to

perform the most sensitive and responsive analysis possible (Yeh & Inman, 2007). In other words, qualitative researchers must be aware of how they understand the research topic and must make this clear to the reader. To that end, I discuss my positioning vis-à-vis intimate partner violence and healing in the Researcher Background and Presuppositions section of this chapter.

Secondary Analysis of Qualitative Data

Because this study involves analyzing existing interview transcripts from the Healing Journey project for the purpose of exploring supplementary research questions, it is considered a secondary analysis of qualitative data (Heaton, 2008). Secondary qualitative analysis involves using existing data that was collected for a previous research study, a methodology that has gained momentum in the research and scholarly interest since the mid-1990s (Heaton, 2008). Some key considerations related to the use of secondary analysis have been identified in the literature. For example, there is the issue of *data fit*, that is, whether the data collected for the primary research study can properly be used for the purpose of the secondary study (Heaton, 2008; Szabo & Strang, 1997; Thorne, 1998). Additionally, the issue of *data fit* relates to the question of informed consent, in that “judgments about fit between the original and secondary question and intent must form the basis for interpretations about informed consent” from participants (Thorne, 1998, p. 551). In the case of the present study, the Review Committee for the Healing Journey project approved the use of the interviews after it determined that the purpose of the current study aligned with the purpose of the primary Healing Journey project, thereby resolving the issues of both *data fit* and informed consent from the participants.

The secondary researcher not having been present for the collection of the data is another issue that has been raised in the literature (Heaton, 2008; Irwin, 2013; Szabo & Strang, 1997); however, it has also been suggested that the secondary researcher’s “distance” from the data collection can provide an opportunity for detachment (Szabo & Strang, 1997) that may “shed analytic or critical light” on the data (Irwin, 2013, p. 298). Finally, it has been suggested that using secondary analysis may be useful for students in their research education, as the removal of sample selection and data collection allows additional energy and effort to be “placed on the other elements of the research process, such as analysis and interpretation of findings” (Szabo & Strang, 1997, Advantages section, para. 1).

Thematic Analysis

Thematic analysis is foundational to qualitative analysis. Though some researchers (Boyatzis, 1998; Ryan & Bernard, 2006) have considered thematic analysis as a tool to be used across various qualitative methods, others such as Braun and Clarke (2006) have argued that thematic analysis is “a method in its own right” (p. 78). This study is aligned with Braun and Clarke’s position and, as such, adopts their six-phase approach to thematic analysis, which will be discussed in detail in the Data Analysis section. Thematic analysis as a method is compatible with an interpretivist-constructivist paradigm and is a means to “provide a rich and detailed, yet complex, account” (Braun & Clarke, 2006, p. 78) of the participants’ narratives of their experiences with IPV. This method enables researchers to identify, analyze, and report themes within a data set, and includes a level of interpretation of various aspects of the research topic (Braun & Clarke, 2006).

The flexibility of this method also allows for the identification of themes within the data to occur either inductively or deductively (Braun & Clarke, 2006), or by using a hybrid process of both approaches (Fereday & Muir-Cochrane, 2006). An inductive approach to thematic analysis involves a data-driven process of identifying themes that involves coding the data “*without* trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions” (Braun & Clarke, 2006, p. 83). Alternatively, a deductive, theoretical approach is an analyst-driven process, in that the researcher’s theoretical interest or knowledge is the driving force behind the identification of themes (Braun & Clarke, 2006). This results in a detailed analysis of a specific aspect of the data (Braun & Clarke, 2006). In this study, I used a hybrid deductive-inductive approach, which I will further discuss in the Data Analysis section.

Researcher Background and Presuppositions

It is generally accepted in qualitative research that transparency on the part of the researcher is essential to ensuring the quality of the study (Lincoln & Guba, 1985). Researchers must recognize how their own background shapes their interpretation, and must situate themselves in the research to “acknowledge how their interpretation flows from their own personal, cultural, and historical experiences” (Creswell, 2003, p. 8). As Shaw (2010) explained, “When the researcher and researched are of the same order, that is, both living, experiencing

human beings, it is necessary for us as researchers to reflect on how that might impact the research scenario” (p. 233).

My experience with IPV has been secondhand, as I have not personally experienced or witnessed IPV. I have been exposed to IPV narratives through media representations in movies and television, and through media coverage of high-profile instances of violence against women. My main experience with IPV, however, has been in a professional context. In my current work as a school counsellor, I encounter the negative effects of IPV on children who have witnessed this form of trauma between caregivers. During my practicum as a counsellor at a community agency, all but one of my female clients had personally experienced IPV. Though the situation of each woman was unique and the particular issues that arose varied from woman to woman, their experiences with IPV and the associated negative effects were the primary focus of my sessions with all of them. My time with these women revealed that though they were experiencing various negative effects related to their experiences of IPV, they were all working toward healing from their abuse. Also during this time, I co-facilitated a group called *Abuse and Beyond*, a support group for women who had been or were in abusive relationships. The women in this group had experienced various types of abuse and were in various stages of exiting their abusive relationships. Some women had been out of their relationship for some time and expressed confidence in staying separated from their abusive ex-partners, while other women indicated that they were struggling to maintain their resolve to stay away. All of these women, however, demonstrated a desire for healing and a life free of IPV. My experiences working with and listening to these women’s stories have shaped my understanding that IPV is more than instances of physical violence, though the damage caused by physical violence can be very serious. Rather, it is primarily an issue of domination and control over women that can take many forms.

My experiences working with these women have also shaped my assumptions that people do the best they can at any given moment with the resources they have, and that given the right chance under the right circumstances, people seek healing. With the right conditions and support, I believe that every person has some capacity to move forward. My personal experiences of healing and growth following relational losses (romantic and familial) have also shaped these assumptions. I tend to agree with Carl Rogers’s (1980/1995) position that, not only does each human have the potential for growth, but we each have within us a “natural tendency toward a more complex and complete development” (p. 118). In other words, striving towards growth and

development is inherent in our human nature. I share the underlying assumption with proponents of posttraumatic growth that people are oriented toward growth, especially in the face of suffering (Joseph & Linley, 2006).

Additionally, while researching and writing this document I gained theoretical and empirical knowledge of the concepts of healing and posttraumatic growth. This knowledge helped orient me within the research topic, but also had to be “bracketed” in order for me to approach the participants’ accounts with an openness to learning about their experiences of healing outside of pre-existing theoretical frameworks. My objective here is to understand how my experiences impact my fore-understandings—my beliefs, assumptions, and existing knowledge—of intimate partner violence and healing so that I can “understand afresh the phenomenon I am studying” (Shaw, 2010, p. 241).

Data Source and Collection

During the Healing Journey project, 670 women, divided equally across the three Prairie provinces, completed detailed structured surveys at six-month intervals in seven waves from 2005 to 2010 that focused on the impact of IPV on health, parenting, and utilization of and satisfaction with services. Participants were recruited from service provider agencies, and had to meet the following inclusion criteria:

1. Having experience with intimate partner violence with the last incident occurring no earlier than January 2004;
2. Not being in a crisis situation;
3. Having a high likelihood of staying in the study for the full three and a half years; and,
4. Not having any serious or debilitating mental health issues

The women who were recruited for the study were also asked if they would like to be considered for participation in qualitative interviews, and their interest was noted on their consent form (Appendix A). Women were selected for the qualitative interviews based on an effort to obtain representation from the groups of interest including lesbians, women with disabilities, rural women, northern women, immigrant women, Aboriginal women, women with and without children, older and younger women, and women of lower and higher income levels. It was also important that they have good verbal communication skills. Women who were selected were asked if they would still be willing to participate in the qualitative interview (Appendix B).

Approximately 110 open-ended qualitative interviews were conducted with selected women; 30 of these interviews were with Saskatchewan women. The current study uses data from the open-ended qualitative interviews that were collected from ten women in a Canadian Prairie city. My supervisor and I made a request to the Review Committee of the Healing Journey project to use this data, which was approved July 8, 2014.

Researchers collected qualitative data through open-ended interviews that focused on women's "journeys" with IPV, in order for participants to have the freedom to express what was important to them at the time of the interview regarding their experiences. If necessary, interviewers used general probes regarding health, parenting and service utilization (Appendix C). Prior to beginning the interview, interviewers used a script to remind participants of their rights to withdraw at any time and to reiterate part of the original consent form (Appendix D).

Data Analysis

Once I received the transcripts of the interviews from the Healing Journey project, I began the process of thematic analysis by following Braun and Clarke's (2006) guidelines that divide analysis into six phases. The first phase involved familiarizing myself with the data (Braun & Clarke, 2006), which was especially important since I did not interview the participants myself. I printed each interview in order to work with hard copies of the transcripts at this initial phase. I immersed myself in the data by reading each interview repeatedly. The first time I read the interviews, my goal was to simply "hear" each participant's story without being too distracted by taking many notes. In doing so, I immersed myself in each interview and tried to familiarize myself with each participant's voice and unique story. (My personal response to the interviews can be found in the following section.) I then read each interview again, this time making quick preliminary markings of the sections that included anything positive or hopeful in the participants' stories, including instances where they showed particular insight into themselves or their situation.

The second phase of thematic analysis involved generating initial codes (Braun & Clarke, 2006). I continued to work with paper copies of the transcripts while I read each interview a third time. Because I was working with a large amount of data, as a starting point I decided to use an initial deductive approach by coding for three broad categories that aligned with the three general domains of growth identified by Calhoun and Tedeschi (2006): positive changes/aspects of self,

relationships with others, and life philosophy. I used three different colours of highlighters to represent each of these initial broad codes: yellow indicated positive aspects of the self or personal changes, pink indicated positive aspects or changes in relationships, and blue indicated positive aspects or changes in philosophy or perspective. This allowed me to “[identify] ‘chunks’ of text so as to facilitate future data retrieval and analysis” (Crabtree & Miller, 1999, p. 166). Using this initial coding template based on my prior research allowed me to reduce the amount of data that needed to be considered by focusing on specific aspects of the interviews (Crabtree & Miller, 1999). Once the data were reduced into these three broad categories, I switched to an inductive approach to generate a greater number of more specific data-driven codes. I uploaded the transcripts to NVivo so that I could work with the data electronically. In NVivo, I placed each entire transcript into its own top node named after the pseudonym I assigned to the participant. I read the specific “chunks” of text that I had previously broadly coded in the paper copy, and generated many unique codes in these sections that were driven by the data, and independent of any theoretical framework (Boyatzis, 1998; Braun & Clarke, 2006). These new coded sections of text were turned into sub-nodes under the respective participants’ top nodes.

I continued using an inductive approach in the third phase of the thematic analysis, which involved searching for themes (Braun & Clarke, 2006). This required that I search for patterns across all the data-driven codes that I had generated for each transcript and sort the codes into potential themes. First, I created a new project in NVivo so that I could work with potential themes as the overarching nodes rather than participants. When I first began to think about the relationship between codes, I developed three major candidate themes that paralleled the three general codes that I had first used to analyze the data: Healing the Self, Positive Healing Relationships, and Healing Perspectives. I also developed several potential subthemes for each of these themes.

The third phase led seamlessly into the fourth phase of thematic analysis, which involved reviewing and refining the themes (Braun & Clarke, 2006). In going deeper with my analysis by spending more time looking at the connections between the codes and candidate themes and subthemes, I realized that my initial candidate themes were limiting and were not representative of the depth and complexity of much of the relevant data. These candidate themes seemed more like categories imposed on the data instead of true themes. By re-reading the coded extracts of text and considering how the candidate subthemes might offer a new way of conceptualizing and

organizing the data, I developed new candidate themes and subthemes and a candidate thematic map that visually represented how they fit together. I determined that they worked well enough to continue on to the next phase.

The fifth phase of thematic analysis involved defining and naming the themes and developing subthemes (Braun & Clarke, 2006). In order to do this, I re-read the collated data extracts for each theme so that I could “[identify] the ‘essence’ of what each theme is about...and determine what aspect of the data each theme captures” (Braun & Clarke, 2006, p. 92). While continuing to refine the themes, I also determined that the provision of added structure in the form of subthemes had been warranted because of the complexity of the themes. While I did think about what to name each theme and subtheme at this phase in the analysis, I decided on the final titles during the last phase.

The last phase of thematic analysis involved conducting and writing the final analysis (Braun & Clarke, 2006), including committing to the final names of the themes and subthemes. A final analysis provides “a concise, coherent, logical, non-repetitive and interesting account of the story the data tell – within and across themes” (Braun & Clarke, 2006, p. 93). To do this, I organized and structured the write-up for each theme and subtheme in a way that I thought best highlighted their significance in the women’s healing journeys. I also ensured that the themes I identified were strongly supported by verbatim excerpts from the interviews. I chose excerpts that provided “particularly vivid examples” or that “captured the essence of the point” I was making (Braun & Clarke, 2006, p. 93). I also chose the final titles of the themes and subthemes. All of these actions constituted the final phase of the thematic analysis of the data.

Researcher’s Personal Response to the Interviews

As stated above, my purpose when reading over the women’s interviews for the first time was to familiarize myself with each participant and immerse myself in her story since I was not the one to conduct the interviews. I am naturally interested in hearing people’s stories, so I appreciated “getting to know” the participants at this very initial stage of the analysis without worrying too much about taking notes or thinking about themes. While I was reading the interviews, I was struck by the courage the women displayed in their willingness to be vulnerable and open up to the interviewer about some of their most painful experiences. I found it challenging to read about some of these experiences, especially those that involved the abuse of

children. One interview in particular contained a section that elicited a very strong emotional response from me. I determined that this excerpt did not contain any themes of healing, so I decided to omit it entirely from the following stages of analysis. Even though I found it upsetting to read about some of the women's experiences, ultimately my stronger response to these stories was one of awe at the women's strength in survival and inspiration at their courageous resolve to carry on after enduring such pain.

Trustworthiness

The criteria for establishing the trustworthiness, or validity, of a study correspond with its underlying paradigm (Lincoln & Guba, 1985; Morrow, 2005). As this study operates within a constructivist paradigm, I took steps to ensure its trustworthiness by satisfying criteria related to its credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility refers to whether or not the findings represent a reliable interpretation of the original data (Lincoln & Guba, 1985). I sought to ensure credibility by using source triangulation (different participants), debriefing through supervision, thick descriptions and verbatim excerpts, and reflexivity (Morrow, 2005). Transferability refers to how well the findings can be applied to situations or groups beyond this study (Lincoln & Guba, 1985). It will be up to the readers to determine the transferability of the findings. By embedding reflexivity within this study through an acknowledgment of my presuppositions, I provided my readers with information about myself as a research instrument in the context of this study (Morrow, 2005).

Dependability is an evaluation of the process and product of the study, and how closely aligned the data would be between this study and another like it; confirmability refers to how well the study's findings are supported by the collected data (Lincoln & Guba, 1985). In order to meet these criteria, I made explicit the data collection and analysis processes by keeping an audit trail in a notebook throughout the duration of the study that included information on the research processes, participants, data analysis tools and processes, and emerging themes. I referred to a large amount of verbatim excerpts to back up my analysis. In this same notebook, I also practiced reflexivity; I recorded my ideas, reflected on my assumptions, and asked further questions as they arose. Most importantly, this study was open to an external audit by my thesis committee members.

Ethical Considerations

The Healing Journey project received ethical approval from the University of Saskatchewan Behavioral Research Ethics Board. The Healing Journey Project Review Committee, established to ensure Healing Journey data are used ethically and disseminated to the public, granted me permission to use the data for the current study. The current study was then granted ethical approval by the Behavioural Research Ethics Board of the University of Saskatchewan.

Researchers with the Healing Journey project dealt with several ethical considerations that, by extension, are relevant to this study. The sensitive and complex nature of the topic of intimate partner violence requires researchers to consider and implement processes and measures to ensure the physical and emotional wellbeing of both the participants and the interviewers.

Interviewers went over the consent form (Appendix A) verbally with the women and obtained their signature before the interview to ensure that all information was understood and to accommodate women with literacy problems. This consent form pertained to participation in the entire study and was fairly detailed. Women were informed that they could withdraw from the study at any point. In addition to reiterating the information given to the women before they agreed to participate, the consent form also told participants about the obligation to report situations where current or unreported past abuse of children was reported and in situations where the woman reveals plans to harm another person. Participants were given a copy of this consent form for their own records.

The questions in the interviews pertained to issues of abuse and violence, therefore there was the risk that they could cause distress in some women. Whenever possible, in person interviews took place at shelters, second stage houses, women's resource centres, or other relevant agencies. Arrangements were made with the directors and counsellors at these facilities to have someone available for immediate counselling, if necessary. Women were told prior to beginning the interview that if they became upset they could stop the interview and counselling would be immediately provided.

It was essential to maintain both participants' and interviewers' confidentiality in order to maintain their safety. Information was kept confidential and individuals' names were not linked with their responses. Service providers and probation officers did not have access to individual participants' responses. The interviewers' last names were also kept confidential to ensure their

safety from abusive partners of the participants. To further ensure the participants' confidentiality, I assigned each participant a pseudonym and kept the data in a locked filing cabinet when it was not in use.

The participation process was made accessible to individuals with a variety of disabilities. If necessary, consent forms and recruitment forms were printed in different fonts for ease of reading and sign language interpreters were hired. The option to complete interviews via email, Teletype or Telephone Devices for the Deaf was given to some women with disabilities, with the necessary supervision in place and provisions made for confidentiality and support. Participants were given a \$50.00 honorarium to offset any costs of participating in the study.

CHAPTER 4

RESULTS

The purpose of this study was to use thematic analysis to identify themes of healing in the narratives of ten women who experienced intimate partner violence, and to explore what these themes reveal about the participants' healing journeys. Intimate partner violence is a manifestation of power, control, and domination over women (Stewart et al., 2013), creating a climate in which women cannot safely express their needs, preferences, and feelings, nor sometimes even disclose the abuse to others (Sanderson, 2008). Consequently, intimate partner violence often results in women's voices being silenced (Smith, 2003). This study created an opportunity for the participant's voices and stories to be heard while furthering an understanding of their healing journeys.

This chapter includes a description of the aggregate sample of participants followed by the results of the analysis. The identified themes and subthemes are supported by the participants' own words. The excerpts from the interviews have been edited for readability and confidentiality. Filler words and phrases (e.g., like, you know what I mean, um) were removed and represented by ellipses. Identifying information such as names of people or places was also removed to protect the participants' anonymity, and participants were given pseudonyms. Square brackets were used to add words that would provide context for the reader.

Participants

Ten female participants' interviews were used in this study. The participants were between 21 and 78 years of age. Six of the participants identified their cultural background as Aboriginal, three identified their cultural background as European-Canadian, and one identified her cultural background as a combination of European-Canadian and Aboriginal. Eight participants identified as heterosexual, one identified as Lesbian, and one identified as Bisexual. All of the participants were mothers, with their number of children ranging from one to five. The duration of the participants' abusive relationships ranged from 1.5 years to 41 years. At the time of the interviews, two participants were currently experiencing abuse, one participant was in a relationship with her previously abusive partner but was no longer experiencing abuse, and seven

of the participants were no longer in a relationship with their abusive partner. The interviews took place in a Canadian Prairie city.

Overview of the Findings

Three major themes of healing, *Awareness and Insight*, *Renewal and Reconstruction*, and *Transformation and Meaning*, were identified in the women's narratives of intimate partner violence. Each of these themes was comprised of two subthemes that demonstrated how it operated both within the participants' interior selves and through their relationships. Figure 4.1 provides a schematic representation of the themes and subthemes identified in the participants' narratives.

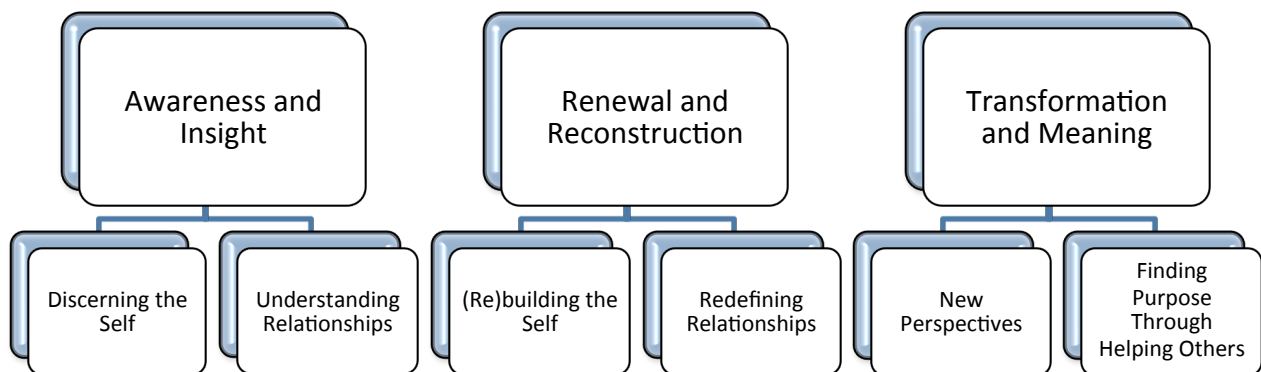


Figure 4.1. Overview of themes and subthemes

Awareness and Insight

Regardless of their relationship status, all of the participants displayed an awareness and understanding of themselves, their romantic and non-romantic relationships, and their experiences of abuse in their narratives. The participants expressed insight into who they are, how their experiences with IPV have impacted their identity and sense of self, how they coped with and survived IPV, and the role of their relationships in their stories of abuse and healing. As such, two subthemes, *Discerning the Self* and *Understanding Relationships*, work in concert to form the theme *Awareness and Insight*. Figure 4.2 provides a schematic representation of this theme and subthemes.

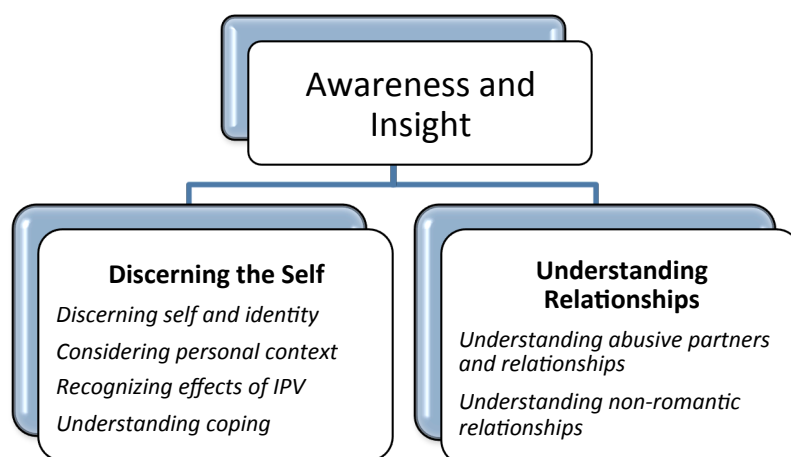


Figure 4.2. Overview of the theme *Awareness and Insight*

Some participants demonstrated the theme *Awareness and Insight* by looking back on themselves and their experiences from a place of hindsight and understanding. For example, Gail spoke of how her understanding of herself has evolved over the years:

I guess with age you get wiser (*laughing*). I don't know, some people have that wisdom right from the beginning, but there's a lot of things I realize now that I didn't realize then [When I was younger] I did [some things] because I was looking for acceptance. I didn't realize that then. After a decade or so went by, I was like, now I know why I did that I was just looking for somebody to love me for who I was. And I went about it the wrong way, right? But at least I realized it.

Other participants, especially those who continued to experience various aspects of IPV at the time of the interview, displayed awareness that was anchored in the present as they spoke of their understanding of themselves and their relationships in the context of their current situation. Jolene, for example, who was living with an abusive partner at the time of the interview, demonstrated an understanding of the limitations of her relationship and insight into herself:

[The relationship] might hang on, but it's not going to move on. And I don't want to be like this forever. Frick I hate it. 'Cause I do overeat . . . and you just kind of feel like you're in a daze Like I feel like this isn't living. This is just surviving, and I kind of

would rather live a little bit because this is really boring and sucky, you know? It's like you say no to everything.

Though Jolene was still experiencing IPV when she was interviewed, she, too, demonstrated a personal understanding of the impact of her relationship on her while sharing the hope inherent in her desire to truly *live* rather than *survive*.

All of the participants displayed some elements of the subthemes *Discerning the Self* and *Understanding Relationships* that formed the theme *Awareness and Insight*. They looked inward to try to better understand themselves, their relationships, and the interplay between the two, though the depth of the insight they articulated varied among participants and topics of discussion.

Discerning the Self

The subtheme *Discerning the Self* illustrates the women's willingness to explore and share their understanding of and insight into themselves, their strengths and personal struggles, and the context surrounding their abusive relationships. The participants also displayed efforts to deepen and share their understanding of how their experiences in their families of origin and with IPV have shaped and impacted them, as well as their understanding of how they coped with IPV.

Discerning self and identity. Some participants demonstrated their awareness and insight into themselves when they shared their discernment of how their personal strengths and challenges related to their experiences of IPV. For example, both Isabelle and Gail expressed an understanding of themselves through their positive qualities. Isabelle recognized that, though she "lost [herself]" while enduring IPV, she now has a positive sense of self that revolves around how she treats others and the health and happiness of her family. Gail, too, understood herself as someone concerned with others, in her case as a community-builder. She recounted with pride several examples of her strong community involvement, stating that she "literally knew half the town before [she] left." Gail understood the importance of this aspect of her identity, even while recognizing that her ex-husband did not approve of this part of herself. She became emotional as she explained how she enjoyed being helpful and volunteering, aspects of herself that her partner used to hate about her because she was giving to people other than him. As Gail explained, "I'm giving to others still, but I'm giving to myself too." Gail's insight was that giving to others was a way for her to give back to herself.

Other participants' self-awareness centered around their personal struggles. For example, Claire demonstrated significant insight into herself when she discussed her tendency to be aloof with her coworkers, as well as how she has grappled with whether talking about her IPV experience would benefit her healing process:

I don't know when it's appropriate to talk about something like [IPV]. When is it appropriate? Is it ever appropriate? Why would I do that? Also for the simple fact that there has been so much rejection in my life, why would I put myself out there again? And every time you meet somebody that you think you might befriend or you think might be a safe place, I've found that that's to be my experience over and over again . . . I think this is probably something in me that needs to be worked out. There [are] either no walls, and you can walk completely in, or there's so many walls that you're not allowed here at all.

Claire's self-reflection on why she comes across as standoffish to her coworkers—not knowing how to talk about her life coupled with a fear of rejection—illustrates the theme *Awareness and Insight*.

Many of the participants also shared an understanding of themselves outside of their experiences of abuse. Their awareness of themselves as separate from their experiences of IPV included acknowledging and articulating their personal qualities, interests, challenges, and strengths. Francine, for example, displayed an awareness of who she was before she entered her abusive relationship:

Fifty-five years ago women didn't have their own cars and didn't go on trips, but this was the kind of person I was. I was an adventurer. And . . . my hobby [was] the horses. From the day I could walk. And Dad let me. He'd take me with him. So . . . I was not just an ordinary girl. I was a tomboy (*chuckling*), and an adventurer. Anything the boys could do, I could do better.

Francine maintained an understanding of herself separate from her abuse, and seemed to take pleasure and pride in recalling herself as a young woman who operated outside of traditional gender expectations prior to her experience of IPV.

Considering personal context. The participants not only demonstrated their awareness of themselves as individuals, they also displayed their consideration of how their personal experiences and challenges—their personal context—played a role in their story of IPV. In fact, every one of the participants expressed some understanding of this.

Many of these women articulated how their childhood experiences and the messages they learned as children affected their sense of self and therefore their choice of romantic partner. Brenda, for example, made a direct link between the lessons she learned as a child and what she brought into her romantic relationships:

Today you have to believe what you believe for your own reasons and you might not make the other person happy by what you believe or by what you think, but that's a stand I have to take, but I was never taught that. I was taught as a child you're quiet, you do what your husband tells you You don't talk about stuff outside the home. You just put up with that. Which is no way to live. You can't live that way. But . . . I took that into my relationships.

More positively, Brenda also understood that she had to unlearn the silencing she experienced and the subservience she was taught as a young girl.

Nine of the 10 participants reported experiencing some sort of abuse when they were growing up. Many of the participants expressed an understanding of the effect of their experiences of childhood abuse on their adult relationships. Anne said that when her husband first began physically abusing her, he had already been verbally abusing her for quite some time, which she normalized because of her experience of being mistreated by her family. Anne's awareness of how her experiences in her family of origin affected her in her relationship demonstrates the theme of *Awareness and Insight*. Similarly, Jolene's narrative demonstrates this theme through her understanding of how her childhood experiences came into play in her involvement in both of her abusive relationships. Her first relationship in adolescence quickly turned into marriage when she became pregnant. Jolene linked her willingness to have sex at a young age to her desire for a man to think she was pretty, sparked by her abusive childhood and abandonment by her father. She looked back with some understanding of how her childhood experiences formed a need in her to seek praise and attention from men. Jolene then explained how her lack of love as a child was also a significant factor in her susceptibility to her second abusive partner's overblown promises of love and romance:

I just got totally, totally pulled into his thinking . . . I'd never had anybody who loved me for me. It was like [my ex-husband] had to marry me because I was pregnant, and . . . my dad abandoned us, my mom was quite abusive towards us, you knew she didn't really like you, and somebody likes me because I'm me I was so thrilled about this and

then honest to God, it was like four months to the day, that [my current partner] started putting me down and started being rude.

Though she was still experiencing IPV at the time of the interview, here Jolene's narrative illustrates her insight and self-awareness as she sought to understand how her past personal experiences and challenges have impacted her current situation.

Some of the participants also displayed an awareness of how their personal circumstances at the beginning of their abusive relationship elicited a vulnerability in them that contributed to starting or continuing the relationship. Both Isabelle and Francine cited their abusive relationships as being a form of "rebound" after the dissolution of their previous long-term relationships. In Francine's case, she also understood that her physical weakness from an illness, coupled with her mother's dominating presence, created a situation where she sought security in the arms of her suitor. Francine came to understand that her ex-husband had presented the promise of protection, company, and escape for her at a time when she was feeling vulnerable.

Reflecting on the progression of her abusive relationship, Isabelle demonstrated, albeit with regret, her own understanding of why she stayed with her partner after she experienced her first incident of physical IPV. She described ignoring the initial red flags because she was feeling vulnerable after exiting a four-year relationship. Isabelle expressed feeling flattered by her new partner's protective nature and needing attention from a man in the aftermath of her long-term relationship. At the time of her interview, Isabelle displayed an understanding of the personal factors that played into her staying in her abusive relationship, but disparaged herself for not reaching that understanding soon enough. Though she demonstrated insight into her personal context surrounding her abusive relationship, Isabelle seemed to struggle with self-compassion, which involves "offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience" (Neff, 2010, p. 87).

Brenda displayed her own insight into how her vulnerability and desire to be taken care of allowed her to silence her initial gut feeling about her partner. Unlike Isabelle, however, Brenda demonstrated self-awareness and an understanding of the factors at play at the beginning of her relationship without any self-judgment:

I met him at a really low time in my life and I think the biggest thing was I was lonely. And I think honestly he fed on that. He saw it, he saw an opening . . . he asked me what I wanted in a person, he mirrored everything in my life, everything I was looking for, and I

just got caught hook, line and sinker, and then he moved in with me about eight to ten months later. That was the worst thing I ever did for myself . . . but I thought [my kids are] going to be gone and I'm going to be by myself and, you know, getting older and all this kind of stuff. Forgetting about my values, forgetting about my boundaries . . . Being a single mom and what it took just to survive, and it was kind of nice at first, we went dancing, we went out for suppers, he helped pay a little bit of house stuff . . . The first time I met my abuser, my gut feeling wasn't good . . . I justified myself right into it.

The theme of *Awareness and Insight* is illustrated here through Brenda's compassionate assessment of how her personal situation and challenges influenced her decision to start a relationship with someone she did not initially trust.

Recognizing effects of intimate partner violence. The subtheme *Discerning the Self* is powerfully illustrated by the participants' awareness and insight into how their experiences of IPV negatively affected them. The women demonstrated a strong recognition of how their sense of self was eroded throughout their experiences of IPV, and how they have been physically, emotionally, and psychologically affected by the abuse inflicted on them by their romantic partners.

Anne described how her entire world revolved around her husband's needs, leaving little room to learn about herself:

I didn't know how to act, I didn't know how to react, I didn't know how to do anything because when we would go someplace I would just watch him to make sure he had everything that he wanted . . . I knew his body language, his face expression . . . I knew exactly what to do next and when to do it. And so I didn't have to be responsible for myself at all.

Anne found that her lack of self-knowledge and responsibility was a challenge when she left her husband after thirty-six years of marriage. She said, "I had no idea of myself so . . . it was pretty scary to be by myself." Anne was able to reflect on herself in her past relationship and understand how this relationship limited her self-discovery and self-awareness. However, by engaging in this very act of self-reflection in this excerpt of her narrative, Anne offers a compelling demonstration of the theme *Awareness and Insight*.

Brenda also demonstrated a clear awareness of the multiple ways that IPV negatively affected her. Like Anne, she understood how the control her partner exerted over her impacted

her behaviour and, ultimately, her sense of self. She explained how her partner took control over her life by making her stop doing things that were good for her, such as exercising, and described herself like “a little marionette puppet.” Brenda talked about how her self-worth decreased as the abuse increased, and felt that her partner “sucked the life” out of her as she closed herself off to everything she had previously valued. Brenda demonstrated the theme of *Awareness and Insight* through her ability to speak from a place of hindsight about how her experience of IPV diminished her sense of self and her own life.

Gail, too, came to understand how her experience of IPV affected her sense of self, realizing that who she was at home was not the same as who she was in her community. She eventually recognized that her interest in collecting masks served more than a decorative function:

Everybody’s got a different face, right? So I just started collecting [masks] all the time . . . and after I left [my partner] I realized why I started collecting [them]. Now I know [it was] because I wear so many faces sometimes . . . I was trying to hide everything from everybody . . . This was the face I wore in my house and then I wore a different one out the door.

For Gail, the masks symbolized the compartmentalizing effect of IPV on her identity. Her retrospective self-awareness and insight into the meaning behind her mask collection, however, points to Gail’s new sense of wholeness.

Some women also became aware of how their experiences of IPV physically and psychologically affected them. Gail described the toll of the stress she experienced in the form of severe migraines that originated from a build-up of tension in her shoulders. She declared, “It’s not something I made up; it’s something that happened.” At the time of the interview, Gail understood her migraines to be a result of the fear and anxiety she carried with her as she experienced IPV, though she initially “tried to blame it on something else other than the stress at home.” She eventually came to acknowledge the real cause of her migraines and understand the “physical aspect of being in that traumatic relationship . . . how much it affects your whole body.”

Isabelle also demonstrated an awareness of how IPV has negatively affected her both physically and psychologically. She described always being very physically healthy before her experience with IPV, but attributed several health issues to the effects of her relationship. Citing

issues such as constant stomach aches, loss of appetite and weight, disordered sleep, a diagnosis of generalized anxiety disorder, gallbladder removal, and cervical cancer, Isabelle asserted, “You could say that maybe it just happened, but I don’t think so. I think that it happened because I was run down for so long . . . I think I’ve always known my body fairly well.” Like Gail, Isabelle seemed to need to assert her conviction that her physical ailments were a legitimate outcome of the constant stress of living with IPV. Additionally, Isabelle became aware of how her experience of IPV changed how she views the world. She understood that her experience changed the part of herself that used to be naturally trusting of other people; however, she also understood that she managed to retain other positive aspects of herself, such as her optimism and her ability to forgive.

Understanding coping. The participants demonstrated the theme of *Awareness and Insight* by expressing varying degrees of understanding of how they coped with IPV. Some participants, like Isabelle, said they “just tried not to rock the boat.” Others expressed a deeper awareness of how they specifically coped with living with abuse in their relationships. For example, Anne demonstrated her insight into herself when she discussed how she coped by adopting two versions of herself, the self when her husband was home and the self when he was not:

Over the years . . . it was like I was an actress, somehow . . . It was like I was in two different worlds. When I hear the key coming in the door I went on this stage . . . where I did nothing, where I was quiet and just tried to serve him, everything I could possibly think of . . . and then when he would leave I would go on the other stage. And he never could get me down completely. He never broke me completely.

Anne also came to understand that another way she coped with the build-up of tension during the cycle of abuse in her relationship was by attempting to get back to the honeymoon period. She described what she discovered about herself:

You could feel it slowly building up again and I hurried it to build it up . . . I would do stuff to make him mad so it would come sooner, his explosion, and then we would have the honeymoon period again. I didn’t realize it at the time but I know now that’s what I did to try and get him there faster.

Anne realized that by “getting him there faster,” she was exercising some control over her situation. In effect, Anne was demonstrating a form of self-agency, an aspect of the self that is

often eroded through intimate partner violence, and which involves actively “initiating, organizing, choosing, and interpreting experiences” (Sanderson, 2008, p. 158). Here, Anne’s narrative illustrates that not only did she manage to retain some self-agency in her abusive relationship, but she also developed awareness that this was one way she coped with her experiences of IPV.

Other participants demonstrated their awareness of their personal coping strategies. Elizabeth revealed her understanding that she continues to deal with her feelings by talking out her problems with others, crying when she is sad, and going to a sweat lodge. Similarly, Dana acknowledged that talking about her situation was helpful, though she preferred to do so with a counsellor. Claire revealed in depth her awareness of how her faith in God helped her cope with the negative impacts of her experiences with IPV. Gail demonstrated strong insight into how her need to keep the small, mundane details of her life very organized was, in fact, her personal method of coping. Her self-awareness was made even more evident through her discussion of how, now that she has come through her experience of IPV, she is better able to actually understand her coping strategy:

I didn’t realize it then, but . . . I needed one thing in my life to be in order, and those were the things that I could have control over that were in order . . . I didn’t realize it until the last little while. The more you sit back and look and think and realize, the more it comes to you when you don’t have all that other garbage going on in your head or in your relationship.

The participants expressed an understanding of a variety of ways they managed to protect themselves and cope with IPV, thereby illustrating the theme of *Awareness and Insight*. They also demonstrated an understanding of how some of their other, non-romantic relationships helped them cope with their struggles, which will be discussed in the next section.

Understanding Relationships

The subtheme *Understanding Relationships* illustrates the participants’ awareness and insight into their abusive partners’ behaviour and the dynamics of abuse in their romantic relationships, as well as their understanding of the roles of their relationships with family, friends, and community in their experiences of abuse and in their healing journeys.

Understanding abusive partners and relationships. Throughout their narratives, participants demonstrated their awareness and insight by expressing their understanding of their

partners' behaviour in their abusive romantic relationships. Several of the participants demonstrated a strong awareness of how control—both the demand and maintenance of it by their partners—played a role in their relationships.

Many of the women expressed retrospective awareness that their partners exerted control over them during their relationships. Their partners dictated almost everything about their lives: who they could talk to on the phone and when, who they could visit with and when, what work or schooling they could do outside of the home, how they could spend money, which activities and exercise they could engage in, and how they could parent their children. Looking back on their relationships, the participants described how their partners initially assumed control over their lives under the guise of caring about them. For example, their partners would express not wanting their wives or girlfriends to over-exert themselves, or they seemingly worried about their wives' or girlfriends' safety. Many participants came to realize, however, that as time passed their partners maintained their control by harming or threatening to harm them or their children. As Isabelle explained,

He would just threaten me with [my baby] and he'd hold me up and he'd always push me or shove me or if we were at my family's for dinner he would pinch me under the table and he'd be smiling, talking to people and he'd just hurt me . . . just for the control.

Isabelle demonstrated an understanding that her ex-partner's abusive behaviour was an effort to control her.

Furthermore, some participants expressed an understanding of how their partners' controlling behaviour was related to their own negative sense of self. Anne described how her husband “deflated like a balloon” when she left him because he had nobody to control anymore, and explained that if abusive partners “can't even control their woman, then they are nothing in their own eyes.” In her case, Anne's ex-husband was a soft-spoken man to the outside community who would often get taken advantage of in his job. Describing her own experience with him, however, she offered this insight: “He had control of me and that was his only way of feeling good about himself.” Anne demonstrates the theme of *Awareness and Insight* through her ability to speak from a place of hindsight and understanding of her ex-husband's need to control her in order to feel good about himself. Similarly, in retrospect Jolene eventually understood her ex-husband's verbal abuse to be an indication of “his low self esteem and that he was a bit scared

and jealous,” which pointed to her own developing awareness of her partner’s insecurity at the root of his behaviour.

Not only did some participants demonstrate their understanding of their partners’ need for control, they also developed awareness of how their partners maintained control when they were being abusive. Several of the women said they previously believed that their partners “lost control” when they were abusive towards them, just as their partners had insisted. However, some of the participants came to understand that their partners had, in fact, maintained total control during the abusive episodes. Of those participants, Anne and Brenda both described how they learned through counselling that their partners’ abusive behaviour was not outside of their control. Anne explained:

I always thought that he lost control, that’s why he would hit me, but he was in total control . . . when he did it and how much and where because if he wouldn’t have been in control of it he would have done it in public places . . . where somebody would see it . . . but he always told me he just lost it . . . I always thought that I made him lose control but I learned in counselling that he was in total control . . . And that was a hard thing for me to come to terms with.

Anne’s development of her understanding of her ex-husband’s abusive behaviour illustrates the theme of *Awareness and Insight*. Where previously she assumed the blame and absolved her ex-husband of responsibility, Anne came to realize that her his actions were not her fault and were, in fact, within his power to control.

Understanding non-romantic relationships. The participants further demonstrated their awareness and insight by expressing their understanding of the role of their non-romantic relationships in their stories of abuse and healing. They indicated an awareness of how their interactions with their communities, family, and friends played either a negative, unhealthy role or a positive, supportive role.

The participants demonstrated their understanding of the role of their communities in their stories of abuse and their healing journeys. Some participants described how the communities they belonged to as children or adults contributed to their experiences of IPV. Elizabeth, for example, described how, as a child, it was very common on her reserve for women to have black eyes, and that IPV was normalized to such an extent that when there was a public display of IPV at a party, no one would intervene on behalf of the woman. As she explained,

“that was my early childhood, everybody beating up their wives. For me it was normal when I got married, but I don’t leave my husband ‘cause those women never called the cops on their husbands.” Elizabeth acknowledged the influence of the normalization of IPV within her community on her situation as an adult, demonstrating her own insight into her situation.

Dana, too, demonstrated an understanding of how her community played a role in her story of abuse. After coming out as a lesbian, she discovered that there was a lot of abuse and gossip within the Gay and Lesbian community, describing it as “sick” and “unsafe.” Her fear of ostracism from the community made her stay quiet about her experiences which contributed to her feelings of isolation, which in turn made her more vulnerable to abusive relationships. Conversely, Gail demonstrated an awareness of how building relationships within her community had been part of her healing process. She found support for herself after leaving her husband by joining a church group in an effort “to get out and meet people [who] were in a good healthy environment.” Doing so, she stated, made her feel good about herself.

Some of the participants’ narratives also demonstrated the theme of *Awareness and Insight* through their understanding of how their families impacted their journey of abuse and healing. Helen, for example, demonstrated her insight into the impact of her parents’ residential school experiences on their family, and the subsequent family violence:

There was already chaos going on in the home. Probably long before any of us kids were born because my mom met my dad in residential school so they had no parenting themselves. My mom was in there when she was seven, my dad about the same age And then they met, they got together, and then we came along, but there was . . . alcohol and violence And then seeing all this violence, growing up into it . . . and watching my mom get hit from my dad I think we were always scared.

In addition to her insight into how growing up surrounded by family violence affected her, Helen also expressed her understanding of the damaging intergenerational impact of the residential school system on her family. Helen went on to describe how the abuse in her childhood home carried over into her own children’s lives. Just as she had once tried to protect her mother from physical abuse, Helen’s own daughter took on the role of protector when she got between her and her abusive boyfriend. Though Helen’s is a story of violence and abuse, it is also one of personal insight into her family’s history and dynamics and the role these have played in her personal journey.

Many of the participants shared their understanding of how their children were affected by witnessing IPV in the family home. Several of them spoke of the importance of their relationships with their children in their lives. Some participants understood these relationships to be significant in their healing journey. One way that Anne coped with IPV, for example, was through her unfailing devotion to her children. She described with pride how her kids were her life and, regardless of what was happening with her husband, she was always there to give them a kiss and a hug every night at bedtime. Looking back on her experience with IPV, Anne understood that her relationship with her children gave her the strength to carry on. Gail, too, understood the significance of her children in her healing journey. In fact, her child's insight into their situation was the impetus Gail needed to leave her abusive husband:

[My child] made a comment to [our neighbour] that Dad is one way in the house and another way out of the house. And when she was aware of that I just stepped back and thought, if she can see it who else can see it So, you know, kids are smart when you try to mask everything over and try to make the best of a bad situation when your children are seeing it and you're just accepting it and living with it there's just a red light flashing 'woot woot! Get out of there.' . . . It was a real wake up for me.

As she looked back on the role of her relationship with her daughter in her story of IPV, Gail showed an understanding of how her care for her daughter propelled her to leave her husband.

Renewal and Reconstruction

Along with demonstrating their awareness and insight, many of the women also described their renewal and reconstruction of themselves, their lives, and their relationships in their narratives. Several participants described experiencing changes in how they view themselves, in their ability to be assertive and set boundaries, in their comfort being on their own, in their feelings of empowerment, in their physical and mental health and lifestyles, and in their relationships with their children, families, and new romantic partners. The second major theme, *Renewal and Reconstruction*, is composed of two subthemes, *(Re)building the Self* and *Redefining Relationships*. Figure 4.3 provides a schematic representation of this theme and subthemes.

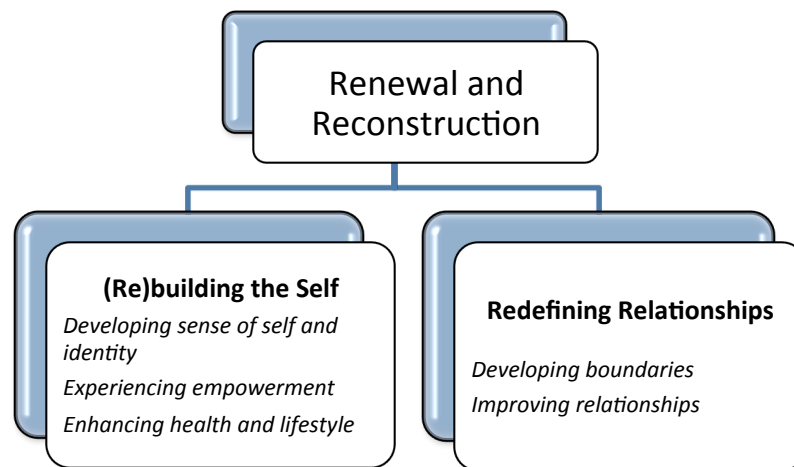


Figure 4.3. Overview of the theme *Renewal and Reconstruction*

(Re)building the Self

This subtheme demonstrates the changes many of the participants experienced within themselves as they (re)built themselves following IPV. With few exceptions, most of the women discussed changes in their sense of self and identity, their feelings of empowerment, or their health and lifestyles. Some of the participants spoke about these changes explicitly in terms of rebuilding the self they “lost” when they were experiencing IPV. Other participants spoke about their personal changes in a manner that seemed to indicate they were building themselves up in ways that were totally new to them, rather than restoring their previous self. Additionally, nine of the ten participants experienced some form of childhood abuse, but not all of these participants discussed the impact of these experiences on themselves; therefore, the nature of a participant’s sense of self and identity pre-IPV could not be surmised unless she explicitly discussed this or her perception of the changes in herself. Thus, it was not always possible to determine whether such changes indicated that the participant was rebuilding or, in fact, building these aspects of her self. Consequently, the term *(re)building* is used to denote the change in self where this nuance is unclear.

Developing sense of self and identity. The majority of the participants revealed in their narratives how they (re)built themselves and experienced changes in their sense of self following IPV by developing their identity and gaining personal strength. Several of the participants

discussed their process of learning more about themselves, and the positive outcomes of developing their sense of self. For example, after Anne first left her husband, she often could not answer when she was posed a question because she had no idea how she felt or what she thought. With the help of personal and group therapy Anne learned a lot about herself such as her tendency to put herself down and the necessity of personal space. In the years following the dissolution of her marriage, Anne slowly (re)built herself through self-discovery and eventually reached a place where she was in awe of how far she had come. She said, “I did a lot of hard work and slowly . . . still now sometimes I have to pinch myself to see if it is really me, that I am where I am now and that I am in a safe home.” Notably, Anne credits her personal renewal to her own hard work, demonstrating her appraisal of her active role in the process of (re)building herself.

Brenda, too, explained how developing her own sense of self had a positive impact on her. She described how, in the months after she left her partner, she took as many evening courses as she could in order to surround herself with positive people and information. After a year and a half, she was able to say: “It feels good to be by myself. Where you kind of find yourself again ‘cause you were kind of lost in that big world out there . . . where do I fit? . . . can I make a decision?” The abuse she had experienced had eroded her sense of self, which she diligently rebuilt. Learning about herself and developing a sense of her own identity also helped her to have the confidence to pursue meaningful action in her life:

Until you get those boundaries of your own beliefs and pride in yourself, nothing changes Until I became who I needed to be rather than this secret person, nothing in my life had any meaning or value, there was nothing to be passionate about, and today I take something on.

Even more powerful is how Brenda described the concrete change in her identity that has taken place: “When you first talk about it everything is tearful and sad and I was the victim. Today I’m the victor. Today I can stand up and say I don’t have to live like that.” Brenda’s shift from seeing herself as a victim to seeing herself as a victor demonstrates the theme of *Renewal and Reconstruction*.

Similarly, Gail described how she “lost [herself]” during the years of abuse she experienced with her ex-husband but that since leaving him, she has “come leaps and bounds from being the doormat to . . . trying to be [her] own self again.” She eloquently described the

return to self: “You do lose who you are, and it’s kind of a big shining light when you come back to it, though.” Gail’s rediscovery of herself further illustrates the theme *Renewal and Reconstruction*.

Some of the participants also demonstrated how they (re)built themselves by developing their personal strength. Brenda, for example, actively strengthened her physical and mental state when she was in the midst of experiencing IPV, even as her “spirit was broken” and her partner tried to thwart her efforts:

We had a fireplace that needed wood, and so I’d go every night and I would chop wood . . . this was kind of my way of getting healthier and getting stronger . . . I believed in Al-Anon and he didn’t want me to read my Al-Anon stuff . . . I kept thinking okay, what are the steps, and I’d take the steps for myself . . . I was physically [and] mentally getting stronger, but my spirit was broken.

Brenda engaged in these strength-building activities for six months before she left her partner. The personal changes she experienced through her efforts gave her the courage to eventually end her abusive relationship.

It was also evident in these women’s narratives that building their personal strength helped them change how they expected to be treated by their partners. Gail and Elizabeth both discussed how they have learned what they will and will not accept in a relationship. Elizabeth described herself as “so different,” because she stands up for herself now. Gail said that it was a long process for her, but she has learned that she can be on her own: “I just don’t want to be in a relationship where I have to put up with any kind of abuse. If somebody can’t accept me for who I am, then I just don’t want to be there.” Elizabeth and Gail’s personal strength and renewed sense of their own worth serve to highlight the theme of *Renewal and Reconstruction*.

Experiencing empowerment. Some of the participants’ narratives illustrated how they have (re)built themselves, not only through a renewed and reconstructed sense of self and identity, but also through a sense of empowerment. *Empowerment* here refers to the restoration of both internal and external control (Sanderson, 2008), that is, the participants’ sense of strength and of valuing themselves and their ability to make choices in their lives (Farrell, 1996). Several of the participants’ narratives of their experiences with IPV included examples of changes in their power.

Anne and Francine, older women who both left their abusive husbands after several decades of marriage, demonstrated a marked change in their feelings of empowerment through the manner in which they spoke about their husbands. At various points in their narratives, both of these women described their subservient roles in their relationships and how their entire married lives revolved around trying to meet their husbands' needs. It was striking, then, how both women talked about their ex-husbands from a place of empowerment after being out of their relationships for some time. Anne described her husband since she left him, thus:

He just walks with his head slumped down and he is pathetic. So it's very sad to see him that way because he was [so] boisterous and just so determined and so angry . . . and now he is just like flopping around like a jellyfish. He is just nothing.

Anne's new position of power is evident in this portion of her narrative through the pity she feels for her once-pugnacious husband. Her declaration that "he is just nothing" further solidifies this point. Similarly, after seeing her ex-husband in a disheveled state at a family function, Francine described him as a "wreck and a fool," remarking that while she sat at a table with him she was "in total control" and unafraid. The way these women described their ex-husbands from a place of internal control serves to illustrate the theme of *Renewal and Reconstruction* through their empowerment.

This theme was also evident in the empowerment Brenda diligently sought and created for herself following her abusive relationship. For example, after leaving her abusive partner, she needed to find a job to support herself. She interviewed for a job with a lower salary than she would have liked, so she negotiated and was offered the position with higher pay. Her efforts did not end there, however, as she turned the tables and told her prospective employer that she wanted to interview him. She further explained:

I had to take control of my life and not end up in a job where I wasn't comfortable . . . I interviewed him for half an hour. He'd never been interviewed in his life. I [told him], "Well, I believe in what I can bring to your business and I believe in who I am." I had to change my way of thinking. I had to change my habits, I had to change my behaviour because it wasn't working before that and without these changes it was going to be the same, and I didn't want to go back When I was with the abuser . . . I gave all my power away.

For Brenda, empowerment was something she decided to work toward by changing her behaviour, such as putting herself in the driver's seat when looking for a new job. Her personal insight demonstrates that this represented a clear change from the powerlessness she felt within her abusive relationship. Brenda also decided to take this tack when she was looking for a new relationship after she left her abusive partner. She described the men she was meeting and her personal response:

Every one of them had the same characteristics as [my abuser] did . . . and that's when I started getting into my counselling and Al-Anon. I knew I had to change my habits. I knew I had to change my behaviours or stay the victim.

Brenda's empowerment was brought about by her own decision to create it for herself by changing her behaviour. One way she was able to do this was by seeking outside support that could help her make the necessary personal changes.

Francine, too, (re)built herself by developing her sense of her own power, aided by the support she received from members of her community. She found that various community services ultimately helped her leave her abusive husband, and cited examples such as the relationships she made with the women and workers at a women's shelter, community counselling programs, her minister, her lawyer, and the nurses and doctors who cared for her and encouraged her to seek help. These relationships helped empower her to stand up for herself when her ex-husband tried to hurt and intimidate her:

I got thinking, if I was seven feet tall with a whole bunch of muscles I could just pick him up by the front of his shirt and hold him against the wall and say 'How do you feel?' Shake him a little. Let him know I'm serious. And there came a day when I had support from the police and those counsellors and my minister that I said, 'you know for the first time in my life I am seven feet tall. Take your hands off me.' And that's where you don't have to be mean to have a bit of power.

Francine's supportive community gave her a vital feeling of empowerment, helping her to (re)build herself and find the strength to speak up against her partner's abuse.

Like Brenda and Francine, Dana also found empowerment through external support, though in her case it was a new partner who helped her feel strong enough to continue in the aftermath of her abusive relationship. In fact, Dana felt surprised to realize just how much of her own power she actually had:

I was really surprised . . . that I wasn't really being just sucked in, that the water was only knee-deep, that I could have stood up and waded out at any time. I'm not saying it would have been an easy wade out. It would have been like . . . [at a] wave pool [when you try to] . . . walk against [the waves]. It probably would have been like that, but it was possible, you know?

Dana's analogy eloquently described her feeling of empowerment in the face of struggle. This portion of her narrative displayed her realization that she had the strength to get through her experience with IPV.

Enhancing health and lifestyle. The participants' narratives also illustrated the theme of *Renewal and Reconstruction* through changes in their physical and mental health and their lifestyles. Some of the participants talked about improvements in these areas after they left their abusive relationships.

After she left her abusive relationship, Brenda made many changes in her lifestyle such as not drinking or using drugs and not keeping company with people who do. She also began taking walks with friends and eating and sleeping better in order to be as healthy as possible. Gail, too, experienced a significant change in her health after she left her abusive husband, as she said that she had not had a migraine since then.

Many of the women also described experiencing changes in their mental health following their experiences of IPV. Claire, for example, described herself as "a lot more stable," and experienced a distinct change in her ability to manage her anger. She used to "flip out" and not have any control over her anger, but she learned how to control her reactions since leaving her husband, something she largely attributed to her faith in God. Gail credited the changes in her mental health to the work she did in counselling. She said, "Little by little, I've learned to not hurt myself or hurt others because of the frustration and the anger and everything else that has come along with the relationship." Claire and Gail's examples illustrate how spirituality, self-agency, and caring relationships helped them enhance their mental health following their experiences with IPV. Though several participants reported suffering from anxiety and depression because of their experiences of IPV, some of these women such as Anne, Brenda, and Francine talked about how they also felt peace and contentment in the years following their abusive relationships.

Redefining Relationships

As part of the *Renewal and Reconstruction* theme, the *Redefining Relationships* subtheme is illustrated through participants' changes in their boundaries and relationships with others. In this context, the term *boundaries* refers to relational or emotional limits that separate us from others (Katherine, 1993). The narratives of eight of the ten participants demonstrated how these women developed their boundaries and improved their relationships with their ex-partners, new partners, children, family, friends, and community.

Developing boundaries. When the participants discussed their experiences of abuse, many revealed the challenges they faced in developing and maintaining boundaries with the people in their lives, especially within romantic relationships. The participants' difficulties with boundaries were expressed as not knowing who they were as individuals, adopting the values and lifestyles of their partners to the exclusion of their own, not being able to say "no" to their partners or family members, and taking on their partners' and families' problems as their own. All of the participants' narratives illustrated some form of struggle with boundaries, however some of the participants also demonstrated that they were able to create and sustain limits in their relationships that worked well for them. In effect, these participants redefined their relationships by developing limits, or boundaries, with others.

Dana and Brenda, for example, discussed their newly developed boundaries with their friends and family, illustrating their personal renewal through redefining their non-romantic relationships. As Brenda said:

Today [when] I deal with [my family], I say is that my shit to deal with or is it theirs?

Whose stuff is that? I don't want anybody controlling my life and I don't want to control anybody else's life.

Brenda indicated that though she previously took on her family's problems as her own, she eventually tried to let go of controlling other people and to discern whether something is her problem or not. Dana, for her part, illustrated the boundaries she developed with people in her community:

I'm fairly picky with who gets to spend time with my kids . . . as people they don't have any substance and, I think the more solid people that your children see growing up, the better, so I try to avoid those general people . . . I just don't have as big a circle of people, and I'm good with that most days.

For Dana, developing better boundaries with her community members, some of whom were her abusive ex-partners, was necessary for her children and illustrated how she redefined her relationships.

Some of the women developed boundaries in relation to romantic relationships, further exemplifying the subtheme *Redefining Relationships*. For example, Gail recounted how her ex-husband asked for a favour that would have inconvenienced her, something she previously would have felt compelled to do as a “caring” person. In fact, in this instance Gail did consider helping him. She soon realized, however, that even though her ex-husband needed help, she did not have to be the person to give it to him. She set a clear limit with him by saying no to his request and, in doing so, realized she was no longer afraid to say no to him. As she summed up: “It’s not my problem. But I have to learn more and more that that’s not my issue . . . I have my own things to deal with.” Gail determined that redefining her relationship with her ex-husband by setting boundaries with him was something she needed to continue to work towards.

Similarly, Brenda also developed boundaries within a romantic relationship, though in her case the boundaries she developed and maintained were in her new, non-abusive relationship. Brenda upheld her limits with her new partner from the outset. Before she met her new husband, she determined the qualities she was looking for in a potential partner including spirituality, sobriety, and sociability. When she met her future husband, she decided to find out more about him and what his values were before offering much information about herself. She also decided that she wanted to take things slowly and become friends first before being physically intimate with him, a boundary that she proudly upheld and that helped her trust her own judgment. Brenda’s boundary setting continued into her marriage. She explained how she maintained her own perspective and health when her husband became upset about his work and started eating poorly and gaining weight:

I have to really watch I don’t get pulled into it. And I say, if you want to stay there and be unhappy . . . that’s the path you gotta walk, but it doesn’t mean I don’t love you, but I’m not going to walk it with you. Here’s what I’m going to do with my life. I’m going to get out and exercise. I’m not going to eat late at night . . . I have choices to make . . . it’s like the old fence post thing, as long as one is strong it holds up the weak one, but pretty soon that strong one can lean over on the weak one . . . I need to be strong for me, for what my values are.

Brenda redefined for herself what it means to be in a romantic relationship by recognizing the difference between loving someone and taking on all of their problems as her own. She prioritized taking care of herself through exercise and healthy choices. She continued to live according to her values even when her husband made different choices, indicating that she was able to stand on her own. This excerpt also demonstrates that in upholding these boundaries within her marriage, Brenda considered herself to be strong, a marked change from how she felt about herself while she was experiencing IPV.

Anne also demonstrated how she redefined relationships for herself through developing boundaries around sharing her new, safe life with someone else. While Anne admitted that sometimes she wishes she had someone to share her life with, especially when she has to go places alone, she also said, “when I think . . . that I would have to leave my suite, leave my home and mingle my stuff with his, that part doesn’t want to do that And I’m fine the way I am. I am good.” Anne has finally achieved a sense of peace and safety in her new home and new life, which she feels she may have to give up for a new relationship, something she is not willing to do. In this example, Anne upholds her boundaries by redefining a romantic relationship as something that might be nice, but ultimately not necessary for her own contentment in life.

Improving relationships. The theme *Renewal and Reconstruction* is exemplified through the participants’ redefined and improved romantic and non-romantic relationships. Many of the women’s narratives illustrated healthier relationships with new romantic partners and with their children, family, friends, and community.

For example, Isabelle, like Brenda whose new marriage was discussed in the previous section, experienced a change in the form of her healthy marriage that followed her abusive relationship. Isabelle considered her new husband a huge support to her. Contrary to her abusive relationship when she was “so scared to even talk,” Isabelle described feeling like she can relax and be herself in her new marriage. She also explained that her husband “takes care of all [her] little quirks” resulting from her experience with IPV such as her need for increased security measures at home. Like Brenda, Isabelle started her new relationship slowly, preferring to talk on the phone for quite a while before allowing her new suitor to meet her child. Eventually, their relationship progressed into a healthy marriage. Isabelle described it thus: “I have like seriously the best husband in the world Our souls fell in love Once you get old . . . you need

someone who you talk to.” Isabelle redefined what a romantic relationship could be for her, which allowed her to pursue and create a happy, healthy romantic relationship.

Francine also redefined what a romantic relationship could be with a new partner. After moving away from her husband, Francine rekindled a romance with someone from her past. As Francine said, they “had a great time.” She recounted the simple pleasures they experienced together before he died:

We went [on a trip] and had a great time, then of course went to visit his kids and we went all over! And then I used to pack lunches. He loved that! . . . You know, sandwiches and coffee, and we’d find a picnic table somewhere. It was one of the nicest two years of my life.

Even in the short time she had with her new partner, Francine was able to redefine her experience of a romantic partnership and enjoy herself in a healthy relationship.

The participants’ improved non-romantic relationships also illustrated the theme *Renewal and Reconstruction*. For example, Isabelle started hanging out with her best friend again after she broke up with her abusive boyfriend, something she could not do when she was in a relationship with him. Dana employed more careful discernment about which friends she allowed in her life, opting to spend time with “solid people” rather than those she found less trustworthy. Gail sought out a healthy community by joining a church group. She also redefined the kind of mother she wanted to be for her children. She explained:

My mom was abused, I saw that, and we were abused, and that was no good. And once I started yelling at my kids and then realized . . . I’m turning into my mother . . . I don’t hit the children. I may yell once a little too often, but . . . hitting is not acceptable. Because if I hit them then it’s okay for them to hit others, and then the circle just continues on from generation after generation.

Instead of continuing the cycle of violence and abuse through her relationship with her children, Gail consciously decided to end the cycle and improve her relationship with them through healthy parenting strategies. She further explained:

We try to discuss things in our house, and we have a wall where we put [up things] about respecting each other, not freaking out, sit down and talk, we put different things. Everyone worked on the wall together . . . When the kids get upset I tell them [to do] deep breathing, let’s do some deep breathing together.

Gail's parenting choices and her understanding that she has the power to change the cycle of abuse in her family has allowed her to redefine what it means to be a mom.

Transformation and Meaning

The third theme, *Transformation and Meaning*, illustrates how, though the women have experienced trauma and pain in their experiences with IPV, some of the participants transformed in their perspectives on life and in their roles with others as they found meaning in these experiences. Here, *meaning* is conceptualized as significance, referring to the participants' construction of value and purpose in life from their experiences of IPV (Janoff-Bulman & Yopyk, 2004). This theme is divided into two subthemes that illustrate the women's transformation: *New Perspectives* and *Finding Purpose Through Helping Others*. Figure 4.4 provides a schematic representation of this theme and subthemes.

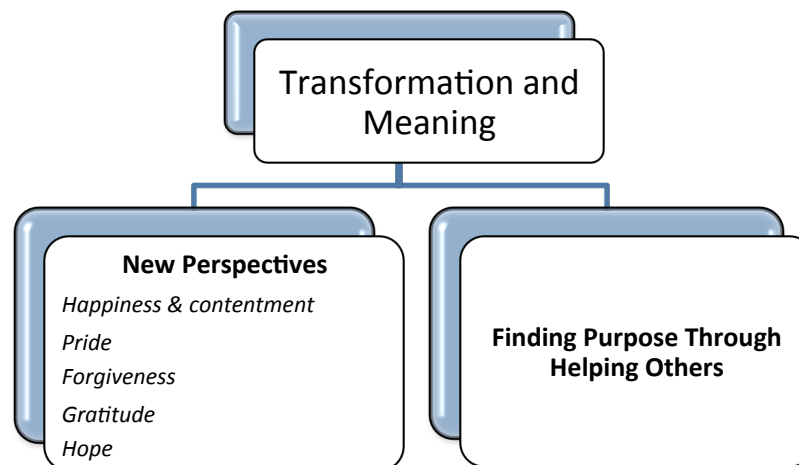


Figure 4.4. Overview of the theme *Transformation and Meaning*

New Perspectives

The subtheme *New Perspectives* demonstrates the participants' personal thriving in the form of a transformation in their perspective on life, as they experience happiness and contentment, pride in themselves and their accomplishments, forgiveness of themselves and their abusive partners, gratitude in the face of challenges, and hope for their future.

Happiness and contentment. The participants' narratives clearly illustrated the significant negative toll that their experiences of IPV had on them. However, some of their narratives also illustrated the participants' feelings of happiness and contentment they experienced in the years following their experiences of abuse. For example, Francine described experiencing peace and contentment for one of the first times in her adult life:

I'm happy I'm here. Just lately I've had a real feeling that I've done the right thing. And most of my life I was struggling to do what I wanted to do when somebody else was thinking more than I did about my life I made the right choice I'm suddenly managing my money better than I ever was. I got some things that really give me pleasure No, I'm happy. I'm content. Like, I haven't been in most of my adult life.

Notably, in this excerpt Francine took ownership over her active role in creating a happy life for herself, feeling certain that *she* did the right thing by doing what she wanted to do, that *she* made the right choice when she left her husband.

Similarly, Anne described "feeling great," being "happy," and "enjoying life" in her own cozy suite, while Brenda said she appreciates having her evenings to herself to relax and unwind while enjoying her new life with her husband. Additionally, Brenda shared how some women in her community accurately described her as a "positive, upbeat person" they enjoy being around, a description that resonated with how she was feeling at the time of the interview: "with everything [I] do, [I] just like who I am today." Brenda's positive sentiment towards herself and her life is particularly powerful in light of her previous description of how her experiences of IPV "sucked the life" out of her. Not only did Brenda rebuild herself, this passage demonstrates that she also transformed her perspective on herself and her life. These sections of their narratives demonstrate how these women transformed their perspective as they created lives of contentment, peace, and happiness in the years after they left their abusive relationships.

Pride. The participants' transformation was also illustrated through the pride they showed in themselves and their accomplishments. Francine, for example, was very proud of her work ethic and conscientiousness that helped her raise several thousand dollars from her household sale that went towards her new post-IPV life. She carried her pride and sense of accomplishment forward with her and transformed into a woman who was able to provide for herself. Gail, too, reflected on herself with pride when she thought about how she had overcome such significant challenges to be able to leave her relationship and heal from her abuse. She said,

“I realize more and more that I’ve done amazingly well, considering . . . I could have done a lot worse, to still be there.” Gail’s act of leaving her abusive relationship and her feeling of doing well in the aftermath of her IPV experiences became a source of pride for her.

Forgiveness. Many participants spoke of their struggle to understand how they could have stayed for so long with their abusive partners, especially when they had children who were affected by witnessing or experiencing the abuse. Many of the women expressed feeling ashamed or questioning their own judgment. Some of the participants depicted a transformation in their perspective through their acceptance and forgiveness of themselves, and their forgiveness of their abuser.

For most of the participants who spoke of enjoying their lives after leaving their abusive relationships, their self-acceptance and self-compassion was implied in their descriptions of “doing the best they could” and their feelings of peace and contentment. However, one participant, Anne, spoke directly about accepting and forgiving herself for staying in her relationship for as long as she did. After saying that she now likes who she is “pretty much all the time,” she said:

If I would have left when [the kids] were young I am sure it would have been a lot better. But I could only do what I thought was best at the time . . . I have just learned to accept that [they are] decisions that I made at the time . . . [they] were what I knew was best and I can’t go back so . . . you just have to forgive yourself . . . I forgave [my ex-husband] a lot sooner than I forgave myself. To forgive myself it has been a lot harder. It’s a lot more work to forgive yourself for the bad turns that you made, but that’s what you have to do for yourself . . . So I don’t blame myself anymore like I used to.

This passage is powerful in that it captures Anne’s struggle to forgive herself, but it also illustrates the transformation Anne has made in how she views herself and her role in her abusive relationship. She demonstrated self-compassion in her realization that she did the best she could at the time and in her understanding of the challenge of self-forgiveness, placing her efforts in the context of the larger human experience (Neff, 2010). Anne’s transformation in the years following her departure from her marriage is evident in her description of how she no longer blames herself for the decisions she made in her relationship, and in her forgiveness of her ex-husband.

Another participant, Brenda, spoke of her need to extend forgiveness towards her abuser for her own sake:

I remember what I went through with the abuser. I remember the bruises. I remember having patches of hair that were gone. I remember that and I probably will never forget that, but today I can forgive the abuser. I don't forget, but I have to forgive him, because if I don't forgive him I will go insane. Because it will all come back and you never get on the next step. You're always carrying that grudge or that mad honour, or that chip on your shoulder.

By forgiving her abuser, Brenda was not condoning his actions but rather freeing herself from the anger that threatened her well being. Brenda understood forgiving her abuser as part of the process that would allow her to move forward. In letting go of her anger towards her abuser, Brenda demonstrated her transformation in her perspective.

Gratitude. The theme *Transformation and Meaning* was evident in some of the participants' narratives through the gratitude they expressed in the aftermath of IPV. The gratitude of these women helped them find meaning in their experiences. Several participants expressed their relief at being out of their abusive relationships, such as Gail who declared, "I'm here and I'm so thankful." Additionally, Claire and Anne spoke about their gratitude for their challenging experiences. Claire, for example, hoped for a long time that God would grant her a miracle by restoring her marriage, only to eventually feel grateful for how it ultimately ended:

I didn't get that miracle and that's okay. As a matter of fact I look back on it and it's a huge blessing that I didn't get that. That would have been a lot to work out and I'm glad that it turned out the way that it did.

Though Claire found the ending of her marriage very painful and her subsequent life as a single mother challenging, she eventually felt grateful for the very thing she once feared: the dissolution of her marriage. Anne, for her part, went so far as to express gratitude for the abuse she experienced in her life:

Somehow it was me that [my mother] took release on. It is something I can't understand. She took all her release on me . . . then I got my husband and he did the same thing to me. I don't understand that. But then I thank the Lord for that because I wouldn't be the person that I am today, you know? Everything that you have gone through makes you the person that you are today.

Though Anne could not understand why her mother and her husband subjected her to abuse, she believed that her experiences shaped her into the happy, peaceful woman she became. This gratitude for her transformation helped her find meaning in her suffering.

Hope. Along with their happiness, pride, forgiveness, and gratitude, some participants' hope for the future also demonstrated their transformation through a change in perspective. Interestingly, the participants who spoke of hope for the future often did so through their hopes for their children. Some of the women discussed how they drew hope and strength from their children and their pursuit of providing them with better lives. For example, when talking about her hopes for the future, Gail envisioned:

Healthy, smart, intelligent kids off to college . . . writing my books, doing more painting and drawing. And it's hard to spend time with the kids lots, so that's an issue, spending more time with the kids and making it quality time. We try our best, some days are not so good, but . . . we play games together and go for walks and just sit and talk, or paint . . . so being more of who I want to be, not what everyone else expects me to be . . . I think that's very positive . . . I never would have said that three years ago.

Additionally, Gail talked about her hope to return to school one day, and how this hope would serve to model the lesson she taught her children, that "it's never too late to learn."

Much of Gail's hope revolved around her relationship with her children and their well being; however, entwined with hope for her children was her hope that she continues to be who she wants to be. When she said she would not have said these things three years ago, Gail recognized her own transformation in her hope for her future.

Similarly, Claire's hope for herself is linked with her children's happiness and success:

I don't know what the future holds for me and my children. We'll have to take it one day at a time. I hope they get educated and . . . do well. All they ever hear from me is, "Do better than me." So I hope they do, and I hope they have a passion for something in their life.

In her wish for her children to "do better" than her, Claire exhibited hope for them along with herself that the cycle of violence will be broken. Similarly, Jolene spoke with pride about her daughter's strength and expressed hope that her daughter will be able to take care of herself in ways that Jolene has not been able to.

Finding Purpose Through Helping Others

This second subtheme of *Transformation and Meaning* demonstrates how some participants found meaning and purpose through helping other women who have experienced IPV.

The theme of *Transformation and Meaning* is illustrated through some participants' transformation from their roles as women experiencing IPV to their roles as women who work towards helping those who have experienced IPV. Anne, for example, talked about the role she took in helping a woman who suffered years of intimate partner violence. She said that she could "identify with her" and "make[s] it a point . . . to be with her and talk to her." Anne recognized that she was in a position to help this woman who had not yet "worked though all her grieves, all her aches and pains " that she herself had worked through. She further explained:

I think I am fulfilling the life that I am meant to live. I think I was put [here] for that reason . . . because there are so many people there that you can help, so many people that you can witness to and help and cheer up So sure, I have my sad times and feel bad times and stuff but I would never show it to somebody like her because she doesn't need that and so I am there for a purpose, to help these people.

Just as she found meaning in her experiences of abuse by making her who she is, Anne also found meaning in her history of IPV through helping other women who have suffered similar experiences. Anne transformed into someone whose purpose is to help other women who have been abused, even if that means simply cheering them up. Her new role also helped her cope with her own challenges, as she did not want to allow her "sad times" to overtake her ability to help cheer up the women who need help. While Anne once felt like a woman "on a stage" acting her way through life, at the point of her interview she was playing an active role in other women's lives and healing journeys. Once again, Anne found meaning in her suffering.

Brenda and Elizabeth experienced a similar transformation, from victims of IPV into survivors who help other women. Both women said they talk to other women about their experiences with IPV and offer a supportive ear when these women need to talk. Brenda, for example, has reached out to others both formally and informally. She explained her reasoning for doing a talk at Al-Anon, an experience she described as empowering: "If I keep it to myself, I feel nobody gets better. If I can share, one person gets helped or the next generation gets helped."

Some of the women articulated that participating in the interviews allowed them to reflect on and share their experiences. Furthermore, some of these women, such as Elizabeth and Francine, expressed that their desire to participate in the interviews also stemmed from wanting to offer support and help to other women who are experiencing IPV. For example, Elizabeth explained part of her motivation for participating in the interview:

I hope [doing the interview] could help people, like that's why I like to talk about it. I know it hurts and it brings up some bad feelings but when the door opens I know it'll be gone, you know it's going to be okay. I already dealt with it. I just hope it helps people. Though Elizabeth indicated that she knows telling her story will bring up pain for her, she also expressed that it is worth experiencing this discomfort if it help others.

Along with sharing their own stories, the participants were given the opportunity to share what they would want to tell other women who are experiencing IPV. The participants offered words of encouragement to other victims of abuse, and in doing so transformed into sources of support for other women experiencing IPV who may encounter this study. For example, Claire wanted to dispel the idea that victims of abuse are alone in their suffering, as she declared: "It's not true. And if you can, have the courage and the strength . . . to reach out, somewhere, somehow to someone, and just say, "Help, please. I'm dying in here." Similarly, Elizabeth wanted young girls to know to speak up if they are being abused and to know that there is always someone who will help them. Gail implored women who might be thinking of leaving their abusive relationship not to stay for the children or for financial reasons because "your mental health is the most important." Jolene encouraged women to learn more about themselves and to work on gaining inner strength, saying:

Get life swimming lessons The stronger you are and the better you take care of yourself, the better chance you have of swimming out of there Build yourself up young! . . . Educate yourself, make yourself a better person, have an independent lifestyle.

Francine thought it was important that girls and women protect themselves by knowing the warning signs of abuse, and encouraged them to stand up for themselves as soon as they experience any early red flags. Finally, Anne sent a message of hope to women who have experienced IPV: "Try and understand that you can have strength for anything that the Lord puts in your path there is always hope. Hope. And just do the best that you can daily." The very

act of participating in the interviews and sharing their stories, wisdom, and advice transformed the participants, even if only momentarily, into advocates and sources of support for other women who have experienced IPV.

Summary

Three main themes of healing were identified in the participants' narratives of their experiences with IPV. All of these themes were comprised of two subthemes that related the main ideas to the participants' interior experiences and to their relationships with others. First, the theme *Awareness and Insight* illustrated the participants' discernment of themselves both separate from and in relation to their experiences of abuse, as well as their understanding of the dynamics of their abusive relationships and the role of their non-romantic relationships in their stories of abuse and healing. Second, the theme *Renewal and Reconstruction* illuminated how the participants (re)built themselves and redefined their relationships. Third, the theme *Transformation and Meaning* demonstrated the participants' personal transformation in the form of their new perspectives and the sense of purpose they found through helping other women who have experienced IPV.

CHAPTER 5

DISCUSSION

In this chapter, I provide a brief summary of the study's results, followed by an integration of these findings with the extant literature and a discussion on what these findings reveal about the participants' healing journeys. I also discuss the implications of the findings on counselling practice as well as the strengths and limitations of the study. This chapter finishes with considerations for future research and a concluding summary.

The purpose of the present study was to identify themes of healing in the narratives of ten women who have experienced intimate partner violence and to explore what these themes reveal about the participants' healing journeys. Three major themes related to the participants' healing were identified: *Awareness and Insight*, *Renewal and Reconstruction*, and *Transformation and Meaning*. Each of these themes manifested through the participants' intrapersonal processes and interpersonal relationships and shed light on the women's healing journeys.

Awareness and Insight

The theme *Awareness and Insight* illustrated the participants' discernment of themselves and their coping strategies, their insight into how their experiences of abuse impacted their sense of self, and their understanding of the role of their relationships in their stories of IPV. This theme was identified in all of the participants' narratives. A consideration here is that the participants in the Healing Journey project and, by extension, those in this study, were recruited through service providers such as shelters and counselling centres, and self-selected into both the overall project and the interviews. The participants in the current study, therefore, had already sought external formal supports related to IPV, and identified themselves as people who were interested in talking about their experiences. This suggests that the participants may have gained awareness and insight through counselling support and other healing opportunities, and may be among those who are naturally predisposed to engaging in self-reflection.

Some of the participants expressed a common sentiment of feeling that they "lost" themselves when they were experiencing IPV; some described that they did not have a sense of who they were separate from their abusive partners. As most of the women were no longer experiencing IPV at the time of the interview, many demonstrated a retrospective understanding

and insightfulness as they reflected on the impact of abuse on their sense of self from a place of safety. These women spoke with insight about their previous loss of self and their survival and coping abilities, which suggests that they had moved into a new place of awareness through a process of healing. Senter and Caldwell (2002) identified a similar finding in their research on spirituality and the maintenance of change in women who leave abusive relationships. Their theme *Awakening and Rediscovery* focused on self-exploration and self-discovery in women who have left their abusive relationships, paralleling the theme *Awareness and Insight* in the current study. Senter and Caldwell (2002) found that the participants in their study were only able to engage in self-discovery and the development of self-awareness after they stopped experiencing abuse, as most of their energy when in the relationship went towards survival. Wuest and Merritt-Gray (2001) reported a similar finding that, once the woman no longer feels at risk, she experiences “relative stability [that] allows her time and energy for purposeful reflecting on the past” (p. 83). Congruent with this previous research, many of the women in the current study engaged in developing their awareness and insight after they left their abusive relationship; however, the current findings also differ from Senter and Caldwell’s (2002) and Wuest and Merritt-Gray’s (2001) studies in that this theme was evident in all of the women’s narratives, regardless of the status of their abusive relationship. In the current study, some form of awareness and insight, either related to the self, their past and present experiences of abuse, or the role of their relationships was accessible to all of the women in their healing process, including the two women who were experiencing IPV at the time of the interview.

The current study’s findings related to *Awareness and Insight* are also supported by Farrell (1996), who found that two components of women’s healing from abusive relationships were acknowledgement of past experiences and increased self-awareness. Farrell (1996) found that understanding past events helped women gain awareness of the context of the past and how this context affected their experiences. This was echoed in the current study as some of the women demonstrated their understanding of how their personal context and history played a role in their story of IPV. Farrell (1996) also suggested that the development of personal insight contributed to women’s healing by “enhancing the individual’s capabilities to be self-sustaining...resulting in a broader perspective of life as a whole beyond the limited view of life created by the abuse” (p. 28). Indeed, this is evident in the current participants’ awareness of their personal strengths, their insight into how they cope with and move forward from their

experiences of IPV, and their understanding of the role of supportive others in their healing process.

Renewal and Reconstruction

The second major theme that was identified in the women's narratives was *Renewal and Reconstruction*, in which the participants described changes in their sense of self and relationships. Similar themes related to (re)building the self (Davis & Taylor, 2006; Farrell, 1996; Flasch et al., 2015; Humbert, Bess, & Mowery, 2013; Smith, 2003; Wuest & Merritt-Gray, 2001; Young, 2007) and redefining relationships (Anderson et al., 2012; Davis & Taylor, 2006; Flasch et al., 2015; Humbert et al., 2013; Senter & Caldwell, 2002; Smith, 2003; Wuest & Merritt-Gray, 2001; Ulloa et al., 2015; Young, 2007) were commonly represented in previous literature on women's healing from IPV.

In her qualitative study of women's recovery from IPV, Smith (2003) found that healing from IPV involved the participants' rediscovery of their identity that was lost during the abusive experience. Similarly, Humbert et al. (2013) identified the theme *Expansion of Self* which illustrated changes within the women and "a discovery of who they were becoming as individuals" (p. 259) as they overcame IPV. Additionally, Flasch et al. (2015) reported that a common theme in participants' responses centered on regaining and recreating one's identity following their experiences of IPV. These previous findings support the present study's *Renewal and Reconstruction* theme that showed that many of the women who were interviewed described a "return to self" and efforts to rebuild their sense of self after they left their abusive relationship.

Consistent with previous research (Farrell, 1996; Flasch et al., 2015), some of the women in the current study experienced a change in themselves via a change in their power, demonstrated by their perception that they are emotionally stronger than their ex-partners, their recognition that they are stronger than they realized, and their concrete actions to take control over their own lives. This aspect of the *(Re)building the Self* subtheme is supported by Flasch et al.'s (2015) finding that the women in their study described *Embracing the freedom and power to direct one's own life* as one of the intrapersonal processes of overcoming abuse. This process included both recognizing their power to make choices about their lives and taking steps to embrace that power. Similarly, Farrell (1996) identified *Empowerment* as a major theme of healing in her phenomenological study of women recovering from abusive relationships with

men. This theme referred to a woman's ability to make choices in her life, and further consisted of valuing the self, self-determination, and a sense of accomplishment.

The *Renewal and Reconstruction* theme in the current study illustrated the women's healing from IPV through changes in their romantic and non-romantic relationships, a finding in accord with previous research (Anderson et al., 2012; Davis & Taylor, 2006; Flasch et al., 2015; Humbert et al., 2013; Senter & Caldwell, 2002; Smith, 2003; Wuest & Merritt-Gray, 2001; Ulloa et al., 2015; Young, 2007). An established consequence of being in an abusive relationship is isolation from friends, family, and community (Sanderson, 2008). It follows, then, that part of the healing process for women recovering from IPV would involve an improvement in these relationships, as demonstrated in the *Redefining Relationships* subtheme in the present study and supported by the literature (Anderson et al., 2012; Davis & Taylor, 2006; Flasch et al., 2015; Humbert et al., 2013; Senter & Caldwell, 2002; Smith, 2003; Wuest & Merritt-Gray, 2001; Ulloa et al., 2015). In their review of the literature on women's psychological growth in relation to IPV, Ulloa et al. (2015) found that changes in relationships with others were frequently observed. The women in Anderson et al.'s (2012) study identified that in rebuilding their lives they experienced growth in their relationships. Wuest and Merritt-Gray (2001) identified *Launching new relationships* as one aspect of *Reclaiming Self*, the central social-psychological process of women leaving abusive relationships in their study. Flasch et al.'s (2015) finding that the participants in their study were able to find a loving intimate partner following their experiences of IPV supports the results of the current study. Finally, most of the women in Senter and Caldwell's (2002) study "reported better, closer relationships with their families and friends as a result of leaving the abusive relationship" (p. 556), which supports the suggestion that *Redefining Relationships* in the present study relates to the participants' healing.

Additionally, the changes in the women's sense of self and in their relationships that are evident in the *Renewal and Reconstruction* theme also support previous research on women's growth following IPV (Anderson et al., 2012; Cobb et al., 2006; Ulloa et al., 2015). Two of the major domains of growth are changes in the perception of self, especially in the form of newfound strength, and changes in relationships with others in the form of increased intimacy and connection (Tedeschi and Calhoun, 2004). These domains have been found to apply to women's growth in the aftermath of IPV (Anderson et al., 2012; Cobb et al., 2006; Ulloa et al., 2015).

Transformation and Meaning

The theme *Transformation and Meaning* demonstrated the women's transformed perspectives on themselves and their lives. Consistent with previous research on women's healing and recovery from IPV (Farrell, 1996; Flasch et al., 2015; Smith, 2003; Senter and Caldwell, 2002; Taylor, 2004; Wuest and Merritt-Gray, 2001), the participants' happiness and contentment, pride, forgiveness, gratitude, and hope they demonstrated in their narratives points to their healing process. Farrell (1996) found that one element that contributed to healing for the women in her study was their experience of inner peace, which looked like "acceptance of the self without overwhelming anxiety" (p. 29). Farrell's (1996) finding is consistent with the current participants' happiness, contentment, and self-forgiveness. Similarly, Flasch et al.'s (2015) phenomenological investigation of women's journeys from IPV towards recovery supports the current study's link between forgiveness and healing. They identified a process of healing and recovery they called *Fostering acceptance and forgiveness with self and abuser*, which involved the women moving forward and finding peace by replacing self-blame with self-forgiveness and, in some cases, experiencing healing through forgiving their abusive partner. A similar process was identified in some of the women's narratives in this study. However, distinct from Taylor's (2004) findings that most women in her study thought forgiving their abuser was essential to their process of healing, some of the women in the current study did not seem to consider forgiveness and healing as inextricably linked.

The theme *Transformation and Meaning* also illustrated that helping other women who have experienced IPV fostered healing for many of the participants by helping them find meaning in their experiences of abuse and a sense of purpose in their life. These results are highly consistent with previous research on women's healing from IPV (Flasch et al., 2015; Giles & Curren, 2007; Humbert et al., 2013; Senter and Caldwell, 2002; Smith, 2003; Taylor, 2004; Ulloa et al., 2015). For example, in Smith's (2003) study on women's recovery from IPV, healing often involved "finding a purpose in...life...[which] was often seen as the ability to help others" (p. 565). Flasch et al. (2015) identified the process *Using one's experiences with abuse to help others* in their study on women's journeys of recovery from IPV. This process illustrated their participants' personal healing and empowerment through sharing their stories and helping others. The current study echoes Flasch et al.'s (2015) results, which indicated "survivors found peace by helping others who had been in similar situations, and through that, they found purpose

and meaning in their own experiences and in their own lives” (p. 23). Additionally, the results of the current study demonstrated that some of the participants hoped that sharing their stories through the research process would serve to help other women who are being abused. These findings are consistent with those of Senter and Caldwell (2002) and Giles and Curren (2007), the latter who found that the very act of participating in their study was helpful to many of the women “who gained meaning from the hope that they might contribute to the prevention of abuse and that their stories would help other women” (p. 381).

Furthermore, the changes in the women’s perspectives on life and the meaning they derived from helping others that are reflected in the theme *Transformation and Meaning* also support research on women’s growth following IPV (Cabral, 2010; Smith, 2003; Taylor, 2004). Another major domain of growth is a changed philosophy that centers primarily on a greater appreciation for life and a greater sense of purpose (Tedeschi & Calhoun, 2004). Tedeschi and Calhoun (2004) proposed that the growth that occurs following trauma is a result of the process of making meaning out of the traumatic experience. The transformation in perspectives on life and the meaning that has been illustrated in the women’s narratives are consistent with previous research on women’s growth in the aftermath of IPV (Cabral, 2010; Taylor, 2004).

Healing as a Multidimensional, Personalized Process

The themes that were identified in the women’s narratives of their experiences of IPV reveal that their healing journeys are a multidimensional, personalized process. Consistent with previous research on the multidimensional aspect of women’s healing and recovery from IPV (Allen & Wozniak, 2010; Farrell, 1996; Flasch et al., 2015), the three major themes of healing in this study were identified through physical, psychological, social, cultural, and philosophical aspects of the women’s narratives.

As supported by Flasch et al. (2015), the women’s healing processes took place over the long-term and included accounts of financial, emotional, physical, and psychological challenges and distress within their stories. This finding differs from Smith (2003), who suggested that psychological distress and healing cannot coexist in women’s experiences of recovery from IPV. However, Tedeschi and Calhoun’s (2004) view that “growth experiences do not put an end to distress in trauma survivors” (p. 13) further supports the current study’s findings that the women’s healing processes, including their potential growth, did not preclude experiences of

distress. Indeed, while most of the women either implicitly or explicitly expressed an overarching sense of forward movement in their healing journey, many recounted cycling through feelings of loneliness, fear, sadness, uncertainty, and discouragement along with feelings of connection, courage, happiness, confidence, and hope. This points to the complexity of the women's experiences and supports previous research that found women's IPV-related healing to be a non-linear, process-oriented journey (Davis & Taylor, 2006; Farrell, 1996; Flasch et al., 2015) rather than a sequence of phases that culminate in a definitive point of arrival (Allen & Wozniak, 2010; Giles & Curren, 2007; Wuest & Merritt-Gray, 2001; Smith, 2003).

The women's healing journeys in the current study were varied and personalized. Though their narratives shared common themes, each of their healing journeys was distinct in its specifics. For example, the women displayed some commonalities in demonstrating their self-awareness or an understanding of how they coped with IPV, or changes in themselves and their relationships, or the meaning they found in their experiences of helping others; however, *what* each woman understood or *how* each woman coped with IPV or *which* changes each woman experienced was unique to her and her situation. For example, three of the participants talked about their faith in God as an element in their personal healing journey, while two of the participants referenced their use of sweat lodges in their efforts to cope with their experiences of intimate partner violence. These women's references to their spirituality and cultural traditions pointed to the personalized nature of the women's healing journeys.

Furthermore, at the time of the interviews the participants were in varying states of relationship with their abusers, ranging from divorced/separated for several years with little to no contact, to more recently separated with periodic contact that is sometimes abusive, to currently in an actively abusive relationship. In addition to their unique personal qualities and external supports, their differing levels of contact with their abusive partners and the length of time that had passed since their last experience of abuse necessarily personalized each woman's healing journey. Regardless of their relationship status, however, at least some themes of healing were identified in all of the women's narratives, a finding supported by previous research that found it possible for healing from IPV to begin while the woman is still in the abusive relationship (Cobb et al., 2006; Farrell, 1996; Smith, 2003; Wuest and Merritt-Gray, 2001).

Though some themes of healing were identified in all of the women's narratives regardless of their relationship status, the voices of the women who were experiencing IPV at the

time of the interview were better represented in the *Awareness and Insight* theme than in the other two themes, *Renewal and Reconstruction* and *Transformation and Meaning*. This suggests that looking inward to try to understand one's self and one's personal history and context, as well as looking outward to try to understand the dynamics of one's abusive relationship, are processes in the women's healing journeys that were the most accessible to all the participants, regardless of their relationship status. This also suggests that the concrete changes that underpin the themes *Renewal and Reconstruction* and *Transformation and Meaning*—those linked to the domains of posttraumatic growth—were more accessible to women who were further removed from their experiences of abuse than those in the midst of IPV. This finding is consistent with previous research on women's growth following IPV (Cabral, 2010; Cobb et al., 2006; Doane, 2011; Young, 2007, Ulloa et al., 2015) that found that when growth occurs, it is commonly in the aftermath of the abusive relationship.

Implications for Counselling Practice

It is important for practitioners working with women who have experienced intimate partner violence to understand the complexity of responses to experiences of abuse. Clinicians should understand the dynamics of IPV and the resulting serious effects on survivors' physical, mental, emotional, and spiritual well being. In addition to these negative outcomes, practitioners should also understand survivors' potential for healing in order to provide a comprehensive approach to treatment and target appropriate intervention strategies that best support their clients (Flasch et al., 2015; Ulloa et al., 2015). While several of the women in this study discussed the transformation they experienced through their experience of IPV, it is important to make the distinction that none of the women were "better off" for having experienced IPV. As Anderson et al. (2012) cautioned: "professionals must be careful not to minimize victimization and its often devastating consequences" (p. 1295). Indeed, practitioners should recognize that when women experience positive outcomes, they are a consequence of their efforts to overcome the trauma of IPV, not a result of the trauma itself (Tedeschi & Calhoun, 2004). Professionals working with women who have experienced IPV should integrate both negative and positive outcomes and consider the role of posttraumatic growth in their clients' healing journeys (Sanderson, 2008). One example of an intervention that was specifically developed to increase psychological growth in women who have experienced IPV is Song and Shih's (2010) strengths based intervention,

which has been shown to promote women's rediscovery of their sense of self and their reconstruction of a productive life following IPV.

The personalized nature of the women's healing journeys in this study suggests that practitioners should recognize and value their clients' individual experiences in their work with women who have experienced IPV. It may be useful for practitioners to consider the themes that have been identified in the narratives as they explore their clients' stories and help them "make sense of their own individual recovery process" (Flasch et al., 2015, p. 26). Similarly, the non-linear aspect of the women's healing journeys suggests that clinicians should be responsive to their clients' individualized needs and experiences as they cycle through the healing process. At the core of intimate partner violence is the abusive partner's coercive control, which impacts the survivor's autonomy and identity (Sanderson, 2008). For this reason, clinicians should encourage their clients' autonomy and empowerment by placing them in control of their own healing in terms of pacing the therapeutic work and setting personal goals (Sanderson, 2008; Smith, 2003).

Additionally, the therapeutic relationship offers an opportunity for connection. This is especially important for survivors of IPV, who commonly experience social isolation while in the abusive relationship (Sanderson, 2008). By adopting a caring, empathic, non-judgmental stance, the therapist creates a safe environment in which the survivor can work towards reconnecting with the self through a connection with another. According to the relational-cultural model of development and therapy (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Jordan, 2003), relationships are women's primary source of healing and growth. A therapeutic relationship guided by this model focuses on helping the client move from isolation, immobilization, and disempowerment towards connections that foster growth (Jordan, 2003). This also involves helping the client develop relational resilience, that is, an ability to find and use relational resources in her life (Jordan, 2003). The significance of this type of resilience can be seen in the results of this study, which demonstrate the primacy of relationships in the three themes of healing that were identified in the women's narratives. Additionally, the relational-cultural therapist aids the client in participating in "mutually growth-fostering relationships" (Jordan, 2003, p. 29), as this model, along with the results of this study, suggests that women thrive when they participate in promoting others' healing.

Finally, along with the fact that the majority of the study's participants identified as Aboriginal, Aboriginal women's increased risk of experiencing IPV, which has been linked to

the damaging effects of colonization (Bopp et al., 2003; Brownridge, 2003, 2008; Scrim, 2010; Truth and Reconciliation Commission of Canada, 2015), has practical implications. First, it points to the need for practitioners to consider the historical and cultural context of Aboriginal clients' experiences and healing in their provision of "effective, ethical, and culturally appropriate interventions" (McCormick, 1998, p. 282). Second, it indicates the importance of prevention and intervention community supports for Aboriginal women. Not-for-profit organizations play a role in the provision and coordination of these services for Aboriginal women experiencing IPV. For example, the Native Women's Association of Canada (NWAC) created *You Are Not Alone: A Toolkit for Aboriginal Women Escaping Domestic Violence* (NWAC, 2015), which provides Aboriginal women with information, strategies, and community safety planning resources to help them exit violent relationships. In the United States, the organization Mending the Sacred Hoop addresses violence against Native American women and works to end it by providing training to Tribal and Native communities related to responding to this form of crime, advocacy and systems responses, understanding and awareness, engaging men in the work to end violence against women, and coordinating community responses that provide for women's safety and uphold offender accountability.

Strengths of the Study

There are several strengths in this study. First, it contributes to the literature on women's healing from intimate partner violence. Similar to most research on abuse and trauma (Ai & Park, 2005), much of the existing research on intimate partner violence has focused on the long-term negative impacts of this form of trauma on survivors, with comparatively minimal attention paid to survivors' healing processes (Allen & Wozniak, 2010; Flasch et al., 2015). This study adds to this developing area of research. Additionally, it contributes to the small body of work on growth in survivors of IPV. Research on growth following adversity has primarily concentrated on other forms of major life challenges (e.g., medical problems, accidents, bereavement, combat, child abuse, etc.) (Joseph et al., 2012), while research on growth following IPV has lagged behind (Cobb et al., 2006; Valdez & Lilly, 2015). While the current study does not attempt to submit empirical evidence of posttraumatic growth following IPV, it is able to suggest that some of the themes that were identified in the women's narratives are consistent with the domains of change in Tedeschi and Calhoun's (2004) model of posttraumatic growth.

A second strength of this study is its contribution to the growing body of literature featuring secondary qualitative analysis. In recent years, there has been an increased interest in secondary qualitative analysis (Heaton, 2008); however, additional research that addresses the processes and challenges of this method is needed (Andrews, Higgins, Andrews, Lalor, 2012). There is little research on IPV that uses secondary qualitative analysis, though very recently some studies using this method have been published on mothers' experiences of IPV (Alhusen & Wilson, 2015; Letourneau, Duffy, & Duffett-Leger, 2012; Neustifter, Rhijn, & Pitman, 2015; Oswald, Fonseca, & Hardesty, 2010). The current study adds to this emerging area of research.

Third, a strength of this study is the inclusion of culturally diverse voices in its sample of participants, which is composed of Canadian women of both European and Aboriginal ancestry. A common limitation in studies on women's healing from intimate partner violence is the lack of diversity in terms of ethnicity of the participants (Ulloa et al., 2015). Although the pool of participants in this study is not representative of all of the culturally diverse voices of Canadian women (e.g., immigrant women), it provides a step in the right direction towards culturally inclusive sampling in the research on women's healing from IPV.

Finally, a fourth strength of this study is the positive impact the interview process had on some of the participants, and the hope it may be able to provide to women who have experienced intimate partner violence. Several of the women said that telling their story during the interview process was a good experience. One participant said that the interview process helped her realize some things about herself, while another participant articulated that being heard and supported by the interviewer was part of her healing process. Yet another asked if she could come back to see her interviewer in a counselling capacity because "just sitting and talking to someone about it . . . makes the difference." This suggests that one of the strengths of the interview component of the Healing Journey project, and by extension the current study, is the opportunity it granted the participants to tell their stories in a safe and non-judgmental space, thereby potentially contributing to their healing process. Additionally, while the women's narratives demonstrated both the damaging nature of their abusive relationships as well as their own strength and courage, the study's focus on themes of healing in their stories may offer hope and encouragement to other survivors of intimate partner violence.

Limitations of the Study

This study's primary limitation is related to the nature of secondary qualitative analysis. A limitation of both this study and secondary analysis in general is that I, the researcher, did not collect the interview data myself (Heaton, 2008; Irwin, 2013; Szabo & Strang, 1997). Generally, one advantage of choosing the interview as the method of data collection is that it happens in real-time, allowing the researcher and participant to enter into a dialogue and the researcher to follow up on significant issues that emerge through the process (Smith 2004). Though there can be a dialogic quality to a researcher's dynamic engagement with the data (Tesch, 1987), in this case the primary dialogue was between the participants and other interviewers. Because I was not the one who interviewed the participants, I was not able to ask further probing or clarifying questions on the participants' understanding of their healing experiences. This may have limited the potential for thick descriptions, a potential drawback of secondary qualitative analysis (Szabo & Strang, 1997). Additionally, I was not able to use member checking, that is, asking the participants for their feedback on the transcripts and analysis as a way to ensure credibility. Instead, I sought to ensure credibility by using thick descriptions, verbatim excerpts, and debriefing through supervision.

Another potential limitation of the study is that the interviews did not explicitly focus on participants' healing processes following IPV, but rather were open-ended around their overall experiences with IPV. As a result, the purpose of the study had to be delimited to identifying themes of healing in the interviews, as it was not possible to determine *how* the participants' healing occurred through the available data, or to probe the participants on their own understanding of their healing process. However, given this purpose, the open-ended nature of the interviews could also be considered a strength of the study. Participants shared what they felt was important to them at the time of the interview, which allowed themes of healing to emerge naturally within the women's narratives of their overall experiences of IPV, rather than through explicit questions related to their healing processes. Additionally, because the majority of the participants experienced some form of childhood abuse, it is not possible to say with certainty that the themes of healing in the participants' narratives are necessarily directly related only to their experiences of IPV. For example, perhaps some of the identified themes that suggested growth in some of the women's narratives could be related to their struggle to overcome all forms of abuse they have experienced, not just IPV.

Considerations for Future Research

To date, most research on intimate partner violence has focused on the negative impacts of this trauma on women (Allen & Wozniak, 2010; Flasch et al., 2015), including an emerging body of work that has centered on the negative consequences of IPV for women across diverse racial/cultural, socioeconomic, and sexual orientation backgrounds (Sokoloff & Dupont, 2005). While there has been some development in the understanding of women's healing from intimate partner violence, this continues to be an area of research in need of development. Studies on posttraumatic growth following intimate partner violence are especially sparse, particularly those using qualitative methodologies; therefore, further research in this area is also suggested.

Additionally, the research that does exist on healing or growth from intimate partner violence seems to be largely concentrated on Caucasian or African-American female survivors of abusive heterosexual relationships in the United States (Anderson et al., 2012; Cobb et al., 2006; Flasch et al., 2015; Senter & Caldwell, 2002; Smith, 2003; Taylor, 2004; Valdez & Lilly, 2015), though there are some studies on women's healing from IPV from Canada (Wuest & Merritt-Gray, 2001), Australia (Davis & Taylor, 2006), New Zealand (Giles & Curren, 2007), and Taiwan (Song & Shih, 2010). A consideration for future research on women's healing from IPV is to extend this area of focus to more diverse populations (e.g., immigrant women, same-sex relationships, male survivors of IPV, etc.).

A particular consideration for Canadian researchers is to explore Canadian Aboriginal women's experiences of healing from intimate partner violence. While IPV in Aboriginal communities shares many features with IPV in non-Aboriginal communities, the former has also been linked to the damaging effects of colonization, including the residential school system, and ongoing systemic oppression (Bopp et al., 2003; Brownridge, 2003, 2008; Scrim, 2010; Truth and Reconciliation Commission, 2015). It is understood that Aboriginal women are more likely to experience intimate partner violence than non-Aboriginal women because of this link (Brownridge, 2003, 2008), yet a search of the literature revealed zero studies on Aboriginal women's healing from IPV. This suggests that concentrating on Aboriginal women's experiences of IPV, their healing from this form of abuse, and possible interventions would be a significant contribution to the IPV literature. Though 60% (n=6) of the participants in the present study identified their cultural background as Aboriginal, such an analysis was beyond the scope of this study's purpose, the original Healing Journey project's objectives, and the participants' informed

consent. An ethical exploration of Aboriginal women's healing from intimate partner violence should be grounded in the researcher's competency to understand the historical, cultural, and systemic factors related to both violence and healing in Aboriginal communities, and the participants' consent to engage in culturally-focused research.

Finally, though it is important to recognize women's remarkable capacity to heal from intimate partner violence, it is imperative to acknowledge that no one should ever have to experience such abuse in the first place. While the women in this study have demonstrated that there is a transformative quality to their healing, the burden of altering the landscape of IPV should not lie with them. Along with offenders' personal responsibility to change their behaviour, there continues to be a need for individuals, families, and communities of researchers, service providers, and policy makers to better understand, interrupt, and reform the underlying personal, familial, and systemic mechanisms that engender intimate partner violence.

Conclusion

The purpose of this study was to identify themes of healing in the narratives of ten women who have experienced intimate partner violence, and to explore what these themes reveal about their healing journeys. This study contributes to the literature on women's healing from intimate partner violence, a developing area of research that has been overshadowed by the understandably large number of studies on the serious long-term negative impacts of this form of trauma (Allen & Wozniak, 2010; Flasch et al. 2015). Thematic analysis of the women's narratives identified three main themes of healing that operated within the participants' intrapersonal processes and through their interpersonal relationships: *Awareness and Insight*, *Renewal and Reconstruction*, and *Transformation and Meaning*. These themes revealed that the women's healing journeys involved a multidimensional, personalized, non-linear process of healing that did not preclude experiencing challenges or distress. Moreover, the results suggested there was a transformative quality in the healing process of some of the women, as they experienced changes in themselves and their relationships, found meaning in their experiences of IPV, and developed a sense of purpose through helping other women who have undergone similar experiences of abuse. The women in this study demonstrated remarkable strength and courage in their capacity not only to survive intimate partner violence, but also to engage in a process of healing from these experiences.

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APPENDIX A

Original Consent Form (Beh #05-207)

You are invited to participate in a study entitled: *The Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence*. Please review this form carefully with the researcher, and feel free to ask any questions that you might have.

Researchers: Dr. Mary Hampton (University of Regina, 585-4826), Darlene Juschka (University of Regina, 585-5280), Wendee Kubik (University of Regina, 585-4668); Bonnie Jeffery (University of Regina, XXX), Stephanie Martin (University of Saskatchewan, 966-5259).

Purpose: This fall community agencies and researchers from RESOLVE will be doing a long-term study of women who have experienced violence in their intimate partner relationship. We are interested in women's health, wellbeing, support, self-perceptions, parenting issues and service utilization of women who have experienced violence by an intimate partner. This study will help to inform services providers and policy makers about effective programming and gaps in services for these women. It will also help us to understand the factors involved in women's survival and healing from partner violence. RESOLVE is a family violence research centre at the University of Manitoba that works with community agencies to improve services for women affected by violence.

Procedures: Participation involves a 2-hour interview twice a year over a period of 3 1/2 years. However, the first interview might be somewhat longer, about 2 1/2 hours. Two different interviews will be done, each given once a year. The first interview will take place in the fall/winter of 2005. It will consist of questions about your employment, occupation, history of abuse, the services you have used and your satisfaction with them, your sources of support, coping strategies, and your perceptions of yourself and your life. The second interview will be conducted in the winter/spring of 2006. It will consist of questions on various aspects of physical and mental health, parenting issues, and an update on some of the questions asked in the first interview. Interviews will rotate along this pattern with questions on demography, re-victimization in new relationships, service utilization, coping strategies, and support being done in the fall/winter of each year and the health and parenting questions being done in the winter/spring of each year until 2008. Brief update questions on the previous set of interview questions will be done at each interview.

Some of the women will also be chosen to participate in more open interviews that would take place at the beginning of the study and again at the end of the study. In these interviews we would ask you general questions about your experiences with intimate partner violence, its effect on your life and your journey in dealing with these experiences. Each interview would take about 2 hours. We would tape record these interviews to make sure we record your responses

accurately without having to interrupt you as you talk. If you think you might be interested in participating in these more open interviews, you can indicate your interest at the end of this form. Not everyone who is interested will be chosen to take part in these interviews. We are looking for about 20-30 women from Manitoba. Also just because you indicate that you are interested, does not mean that you cannot change your mind. If we contact you to take part in the interview, you can always decide not to do it.

Potential Risks: Given that the study requires that you reflect on your personal circumstances relating to intimate partner violence, you may experience some emotional discomfort as you answer questions during the research interview. The researcher is trained to practice due care by slowing the pace of the interview, or stopping the interview, at your request. A 'debriefing' will be offered at the end of the research interview as a means of off-setting any emotional discomfort resulting from the research procedures. If necessary, referrals for counselling support will also be offered.

Please note that we are required by law to report current and past unreported child abuse or situations dangerous to children to the legal authorities. Also if you reveal to us that you are planning to harm someone else we are obligated to report this to the authorities as well.

Potential Benefits: The research interview may provide an opportunity for positive reflection and validation of your experience as a woman dealing with intimate partner violence. It is anticipated that your perspective may help to inform enhanced policy and programming for women dealing with intimate partner violence.

Confidentiality: The information obtained in the research interviews is personal. All of this information will be kept very confidential and your name will not be placed on your interviews. The interviews are number coded and placed in a computer file under a number code rather than your name. All of the taped open interviews will be transcribed into a locked computer file and these interviews will also be number coded. In the transcriptions we will remove any references to names so anyone reading the transcript will not be able to identify the person by any names they mention. The tapes will be securely locked at the RESOLVE offices. They will be sent to our colleagues in Alberta and Saskatchewan for analysis. We will send them via courier and they will be securely stored at the offices of our colleagues. These colleagues are situated at universities in these provinces and have to abide by the same ethical standards as we have so all the information will be kept very confidential. When they have completed their analysis, the tapes will be returned to RESOLVE where they will be kept locked in a cabinet and then destroyed at the end of the study along with the other interviews.

Other than the sharing of tapes of the open interviews with colleagues in other provinces, the information you give will be kept locked in a cabinet at the RESOLVE offices and the interviews will be stored separately from this consent form. Service providers/probation officers will never have access to your specific responses. Tapes of open interviews will only be shared with academic colleagues and never with service providers in any of the provinces. We will also be asking you for the best method and procedure for contacting you. The contact information you

have given us will also be kept in a locked computer file and only myself, the principal investigator and the person supervising my interviews will have access to this information. The interviews, tapes of the open interviews and contact information will be destroyed about 4 months after the end of the project. The tapes and interviews will be shredded and thus completely destroyed. This will be in August 2009 unless funding for the continuation of the study is obtained. If we do obtain funding but you do not want to continue with the project then your interviews and contact information will be destroyed in August 2009.

Information about the study will be put into progress reports that will be available a few months after each interview period, research reports and presentations, but your name will never be attached to any piece of information. If you like we will send you a copy of these progress reports and invitations to community presentations and conferences. If you do want the progress reports, we will be asking you about your preferred methods of obtaining this information and making notes of any changes to these instructions over time. Progress reports will be available about three to four months after each time we interview you. All of your preferred methods of contact including contact between interviews will be respected.

Right to Withdraw: Your participation is voluntary. You may choose not to participate for any reason, at any time, without any effect on the services you receive from any shelter or service provider agency. You may also refuse to answer individual questions posed during the research meetings. If you withdraw from the study at any time, any data that you have contributed will be destroyed.

Honorarium: You will be given a \$50.00 honorarium for every interview that you participate. Should you choose to withdraw your participation from a particular interview, you will still be given the honorarium. This amount is designed to off-set any costs related to your involvement in the study.

Questions: If you have any questions concerning the study, please feel free to ask at any point; you are also free to contact the researcher at the number provided above if you have questions at a later time. *This study has been approved on ethical grounds by the University of Saskatchewan Behavioral Sciences Research Ethics Board on September 12, 2005 (Beh #05-207).* Any questions regarding your rights as a participant may be addressed to that committee through the Office of Research Services (966-2084). Out of town participants may call collect.

Consent to Participate: *I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, understanding that I may withdraw my consent at any time. A copy of this consent form has been given to me for my record.*

Participant's signature/Date

Researcher's signature/Date

I would like a copy of the progress report.

_____ **Yes**

_____ **No**

I would like to receive the report in the following way:

I would like to be considered for the open interviews.

_____ **Yes**

_____ **No**

APPENDIX B

Script for Recontacting Women for Qualitative Interviews

Hello, this is (name of interviewer) from the Healing Journey research project. We are now going to be doing the qualitative interviews and I have called because you indicated an interest in doing these interviews. Is it convenient for you to talk right now, or should I call at another time?

In these interviews we would have you tell us your story of the different aspects of dealing with intimate partner violence in your own words. Each interview would take about 2 hours. We would tape record these interviews to make sure we record your responses accurately without having to interrupt you as you talk.

The interviews will be taped with an electronic tape recorder and then transferred to password protected computer files. These files are like tapes of the interview. These password-protected files will be sent to our colleagues in Alberta and Saskatchewan for analysis. These colleagues are situated at universities in these provinces and have to abide by the same ethical standards as we have so all the information will be kept very confidential. These files will be destroyed at the end of the study along with the other interviews. Service providers will never have access to these taped interviews. The information from the taped interviews will also be transcribed into the computer so they can be read and analysed, but any reference to names will be removed.

As you will remember when we first spoke to you about the study, we indicated that we would do two qualitative interviews. However, it has taken us a while to put the questions together and plan the interviews. Because of this, we have decided to only do one set of qualitative interviews.

Are you still willing to participate in this open-ended interview?

If no: That is not a problem. I will call you in (Month of next contact) to set up the next interviews. Do you have any questions?

If yes: These interviews will be done in person. Would it be okay to interview you at (the agency at which they were last interviewed)? When would you be available to meet for a two-hour interview? I will call to confirm this time the day before the interview. If you are not at this number, is it safe to leave a message? (Directions for safe contact will be noted and followed).

As we have arranged in the past, counsellors will be ready to speak with you if you become distressed during or following the interview and, as before, all of the information you give will be kept strictly confidential. Do you have any questions? I will talk to you on (date for interview).

APPENDIX C

Qualitative Interview Questions

Introduction: *This project is called the Healing Journey, not because there is any expectation that you are healed or will be healed soon, but that you are on a journey from intimate partner abuse or you have a story to tell of the abuse you experienced. This interview is to give you a chance to share your journey in your own words, including what is important to you.*

When does your journey/story of abuse start? Where is your journey/story of abuse today? Where is your journey/story of abuse taking you in future?

IF NEEDED, the interviewer can use the following probes to assist the women.

How did you meet the partner that abused you? When did he/she begin abusing you?

Have you changed through having been abused? If yes, how?

You haven't said anything about how the abuse affected your health or mental health. Is this important to your journey? If so, tell me more.

You haven't said anything about how you dealt with or coped with the abuse? Is this important to your journey? If so, tell me more.

Were any people/programs helpful to you in your journey? If yes, who were these? (i.e., friends, family, religious leaders, programs? the police?).

You haven't said anything about parenting or your children. Was this important in your healing journey? If so, how?

Where do you see your journey going in the next year/the next five years? If things go well what will you be experiencing next year? Five years from now?

What is the one thing you'd like other women to know about your journey?

Probes for Aboriginal/Immigrant Women:

You haven't said anything about whether being Aboriginal/a woman of colour/ an immigrant/refugee was part of the violence you experienced. Is this important to your journey? If yes, tell me more.

You haven't said anything whether being Aboriginal/a woman of colour/ an immigrant/refugee affected you getting services (facilitated or been a barrier). Is this important to your journey? If yes, tell me more.

Probes for Lesbian/Bisexual/Transgendered and Two Spirited Women:

You haven't said anything about whether being lesbian/transgendered/bisexual/Two-spirited was part of the violence you experienced. Is this important to your journey? If yes, tell me more.

You haven't said anything about whether being lesbian/transgendered/bisexual/Two-spirited affected you accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

Probes for Northern/Rural Women:

You haven't said anything about the remoteness of living in a Northern/Rural area being part of the violence that you experienced? Is this important to your journey? If yes, tell me more.

You haven't said anything about whether living in a remote community affected your accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

Probes for Women with Disabilities:

You haven't said anything about your disability being part of the violence that you experienced? Is this important to your journey? If yes, tell me more.

You haven't said anything about whether your disability affected you accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

APPENDIX D

Script for Reminding Participants of Their Rights for the Qualitative Interviews

Your participation is voluntary, so even if you decide you don't want to participate anymore, it will not affect the services you receive from any shelter or service provider agency. You are also free not to answer any questions you don't want to.

All of the information you give will be kept very confidential and your name will not be placed on your taped interviews. The interviews are number coded and placed in a computer file under a number code rather than your name. Service providers will never have access to your specific responses. The contact information you have given us will also be kept in a locked computer file and only myself, the principal investigator and the person supervising my interviews will have access to this information.

All of the taped interviews will be transferred to password coded computer files that will be number coded. Also when we transcribe your interviews into the computer, we will remove any references to names so anyone reading the transcript will not be able to identify the person by any names they mention. The taped interviews will be securely locked in password-protected files at researchers' offices. They will be sent via email to our colleagues in Alberta and Saskatchewan for analysis, who will be informed of the password; only people with the password will ever be able to open the files. These colleagues are situated at universities in these provinces and have to abide by the same ethical standards as we have so all the information will be kept very confidential. These taped interviews will be destroyed at the end of the study along with the other interviews.

Please note that we are required by law to report current and past unreported child abuse or situations dangerous to children to the legal authorities. Also if you reveal to us that you are planning to harm someone else or yourself we are obligated to report this to the authorities as well. You should also be aware that research records can be subpoenaed in court. These are the same laws followed by service providers.

Information about the study will be put into progress reports that will be available a few months after each interview period, research reports and presentations, but your name will never be attached to any piece of information. You can always change your mind about whether or not you want to get these progress reports or the method of receiving them.

Do you have any questions?